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Practice of Medicine.

ETIOLOGY AND PATHOLOGY OF TYPHOID FEVER.

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Etiology.—The existence of a micro-organism which is always present in abdominal typhus has been demonstrated by Klein, Scoloff, Fischl and Letzerich, and, later, most conclusively by Eberth. This bacillus occurs in slender rods, slightly rounded at the extremities, possesses homogeneous contents, and delicate, but sharply defined, outlines. Sometimes these rods contain spores, from one to three; frequently a number of them, rarely more than three or four, adhere. These bacilli are peculiar to this disease; they are wanting even in other forms of intestinal ulceration. Eberth has by a large number of sections demonstrated their presence in the lymphatics and in the characteristically affected portions of the intestinal tract of persons dead from typhoid fever.

One of the most striking features of the bacilli is their preference of the deeper structures of the gut and their occurrence between the longitudinal and circular muscular fibres and in the glands of Lieberkuehn. They are more sparingly present in the spleen, urine, and in the roseolar spots; Cornil, Lehmann and other investigators have detected them also in various concomitants and sequelæ of abdominal typhus, such as splenic abscess, purulent exudations from the peritoneal or meningeal sac, orchitis, ulcerations of bone, etc.

The bacilli are tenacious of life and multiply rapidly in the dead infected body; they live longer in the excrementitious matter of human beings than in clean water or sewage; and they resist quite successfully the action of dry heat. Observation has shown that usually their number lessens as the typhoid process advances; this decrease appears to be the result of a natural dying-out on their part rather than of any successful effort on the part of the organism to get rid of them. Their number is greatest during the second week of the fever; they are rarely seen after the twenty-third day. In advanced cases it is not unusual to find "balls" of bacilli, of which the individuals have more or less lost their natural shape.

Attempts to reproduce abdominal typhus in animals by inoculation with the properly cultured micro-organism have not yielded positive results. The experiments of Letzerich and Almquist have shown, in the case of a dog subjected to the trial, fifteen days after inoculation, great enlargement of Peyer's glands and the presence in them of numerous microbes; but in the main similar experiments have not been conclusive. It is possible that the difficulty lies in the physical unfitness of the lower animals for the reception of certain diseases which are peculiar to man.

"If we can then prove that these microbes are the constant accompaniments of this morbid process, but that this fact alone does not explain its genesis, it becomes our duty in connection with this subject to inquire what other factors are needed to produce an effective, specifically acting poison." (Prof. Eulenburg in Real Encyclopædia der gesammten Heilkunde.) The argument is therefore made that we must not look upon the specific poison as one and the same agent in all cases, but must remember that in different instances it arises from different sources. Among these especial importance attaches to the dejections of persons ill with typhoid fever, after they have reached a certain stage of fermentation or putrescence, and to other rotting organic substances which impregnate the soil. In fact it may safely be assumed that the conditions which are favorable to the development of any putrid poison are also favorable to the development of an active typhoid fever poison. Eulenburg suggests that the ptomaines occurring in connection with the specific poison of typhoid fever impregnate the latter, and thus materially increase its virulence.

The dejections from typhoid fever patients, when fresh, appear not to be toxic; it certainly is only in very exceptional cases that infection can be traced to fresh dejections. These dejections, however, show a remarkable tendency to rapid decomposition, and quickly demonstrate their peculiar powers when they are placed amid surroundings which possess the conditions that favor rapid decomposition and putrescence, i. e., warmth, moisture, and certain organic substances. If rapidly and largely diluted by strong currents of air or by a swiftly moving current of water the dejections are rendered comparatively harmless; in the abscence of these, and closely confined, as in outhouses, privy vaults, piles of manure, or blocked sewers, they display their extreme virulence. Under the latter favorable conditions this poison may exist for an indefinite length of time, and after months, or even years, gain access to wells and be introduced into the system by drinking water, possibly by the inhaled air. Milk, fomites, etc., may also become carriers of the infection. It is, however, a fact not to be overlooked that rotting vegetable matter or organic substances alone may result in the formation of poison capable of giving rise to typhoid fever; and of this also the carriers are water and the atmosphere. Murchison relates the

case of a boarding school for boys in which twenty-eight of the thirty-six inmates were taken ill with abdominal typhus. The tables occupied in the schoolroom stood near a door which opened into a hall with which connected a large sewer, carelessly protected and filled with fecal matter; near the door, in front of the tables, was an open fireplace, in which fire was always kept. The draft carried the gases into the room. The boys who occupied seats right in the draft were taken first and severest, those more distant were much less violently ill. The sewer was closed, and the disease at once disappeared; it proved the first and last attack.

Building of railroads through soil rich in rotting vegetable matter; the presence in cellers of decaying cabbage, beets, etc., etc.; these and others have developed the poison of abdominal typhus and brought on the disease. The bacillus has even been known to exist in rotting, living algæ, and produced characteristic symptoms in inoculated animals.

Several authorities (Budd, Liebermeister, *et al.*) hold that the dejections of typhoid fever are necessary to the propagation of the disease; but the fitful and irregular appearance of the disease, and in places where no evidence can be found of pre-existing cases, hence no possible existence of typhoid fever dejections, seem to make their position untenable.

Since all forces which favor decomposition (warmth and a moderate degree of moisture) favor the genesis of the typhoid fever poison, it is natural that the disease occurs more frequently in autumn, especially after a hot and dry summer; a cool and very rainy summer is not favorable to it.

Sex or occupation are not prominent as etiological factors; age plays an important part. From ten to fifteen years of age the susceptibility is greatest; next, from twenty-five to thirty years of age; then from fifty to fifty-five (Eulenburg). Children of less than eight years and persons far advanced in life rarely have the disease; consumptives are largely exempt; pregnant and nursing women are almost safe from it. New residents in an infected locality fall victims more easily than do older settlers. Certain families and certain individuals show a remarkable susceptibility. One attack almost always gives immunity from others.

Pathology.—The anatomical changes of typhoid fever are sweeping, and may involve almost every organ and structure in the body. The affections of the lymphatics of the ilium, those of Peyer's and of the solitary glands, of the mesentary and of the spleen, constitute the really pathognomonic features; of these, the involvement of Peyer's and of the solitary glands are the starting point of the morbid process, beginning with those nearest the ileo-cœcal valve, then extending to those further removed. They first present the picture of a simple inflammatory hyperplasia, hyperæmia, enlargement, cell proliferation. The latter increases, and the isolated plaques stand out distinctly from the surrounding mucous membrane. The cell proliferation involves also the connective tissue, encroaching upon the blood vessels; the enlarged parts are pale, grayish-white, and of soft, friable consistency. This enlargement continues for ten to twelve days, and involves even the submucous tissues. During the second week resolution takes place in light cases; in others necrosis occurs in patches or in extenso, with the formation of a dry, yellow or brownish scab; this is surrounded at the edge with disintegrating structure, the neighboring connective tissue being hyperæmic, edematous, sometimes gangrenous. The scab gradually loosens and is thrown off, with a loss of structure involving the mucosa, muscularis, and even serosa, thus forming the base of the peritoneal ulcer. Healing is brought about by granulation, in the usual manner. Thus it is seen that there is (a) increasing infiltration of the affected glands, usually until the eighth or tenth day; (b) necrosis and gangrene of the affected glands, first of Peyer's glands, then of the solitary; (c) formation of the line of demarcation, loss of the scab, absorption of the normal products of infiltration; (d) healing, which may continue for two weeks, and much longer if atony is marked. Incidental to the process of ulceration more or less copious diarrhea is common, and perforation with its attending symptoms of collapse, frequently results. Experience has shown that the severity of the case does not depend upon the number of glands involved in this process.

Perforation may occur as early as the latter part of the second week, if the ulceration involves the peritoneum or if this now weakened structure suffers rupture from trauma, as from sudden, violent motion, etc. Extensive injury to the blood-vessels and resultant hemorrhage are incidental to the process of ulceration, more particularly to that period when the scab separates from the underlying tissues or when it is torn off by some hard (fecal) matter passing over it; less copious bleeding is seen earlier from the spongy, relaxed, sensitive tissue.

The mesentery presents the same pathological features. Hyperplasia is the first local expression of the disease, and increases until the latter part of the second week; the enlargement is great, from the size of a hazel-nut to that of a hen's egg. The enlargement here decreases from the time healing begins in Peyer's glands; the smaller are absorbed entirely, the larger only in part, and there often remain dry, cheesy, yellowish masses, sometimes calcareous; in exceptional cases these break down, burst through their peritoneal covering, and cause peritonitis. The splenic enlargement also occurs early, and may even in the second week be equal to two or three times the usual size of the organ. At first the spleen is congested, firm, tense; later, soft, pale and friable. Infarctions are not infrequent.

The liver and the general serous membrane present small, roundish, grayish "knots," which consist of aggregations of lymph-cells and diffuse cell infiltration; the gastric mucous membrane and submucous tissues undergo similar changes, with formation and busting of small abscesses. Vomiting, pain and pressure in the epigastric region characterize such an incident. Other minor changes, as stases, thromboses, etc., cannot be here considered.

The secondary pathological changes are those found in connection with all, or many other, infectious diseases whose fever is high and long continued. They are chiefly parenchymatous involvement and degeneration of the spleen, liver, pancreas, heart, vessels, and voluntary muscles. Romberg describes an interstitial myocarditis; Weil and Seitz abscesses in the muscular substance (often in the rectus abdominalis); others, extensive changes in the blood and nervous system. Many of these changes are far-reaching and profound, and materially interfere with normal function. Thus, in the heart, there is softening and friability, grayish or brownish discoloration, fatty or waxy degeneration; in the muscles, rupture of fibre. Gastro-intestinal catarrh, bronchitis, pulmonary edema, hypostatic hepatization, laryngitis, necrosis and ulceration of the larynx, are commonly noted. Among the nervous affecions

which help make up the sum total of the pathology of typhoid fever are acute meningitis, edema, atrophy of the brain, abnormal cell formations in the substance of the brain, fatty degeneration of nerve strands, hemorrhagic effusions, especially into the arachnoid space and between the pia mater and the surface of the brain, and abscess in the substance of the brain.

THE GENERAL TREATMENT OF TYPHOID FEVER.

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To furnish the Medical Century with an article on the general management and treatment of typhoid fever for its "Special Typhoid Number" means that the wrtter should be one of a *symposium* of the kind now in vogue, where a number of persons express their opinions independently and run the risk of contradicting each other in such a way that the reader, especially a very young practitioner, will at once recall the old saw that doctors cannot agree. This might be one reason for not joining in the game at all. Another reason might be the fear of seeming to differ too widely with those with whom one would like to agree. Then, again, one does not like to be outdone, and so on; objections might be multiplied easily. On the other hand, one taking part in such a plan should consider that the publication of a diversity of opinions will in the end tend to harmony, and, hoping for leniency of judgment, the following is offered as a synopsis of the principles which have guided the writer in his management and treatment of typhoid fever.

First, as to the meaning of "typhoid." More than fifteen but less than thirty years ago, perhaps not until considerable progress had been made in bacteriology, a distinction was made between typhoid and typhus, and again between various forms of the latter. In comparatively modern times this has been much simplified by recognizing chiefly two forms: First, the *typhus abdominalis*, also known as ileo-typhus, enteria typhus (enteric fever), and typhoid. By the latter are meant the lighter cases, or those of medium severity which, though lacking the graver symptoms nevertheless distinctly belong to that form of disease. Of this, more later on.

The second distinct form is that known as *typhus exanthicus*, and petechial typhus or spotted fever, which differs from the preceding in having no enteric complications, but a much more pronounced eruption of rose-spots, often taking the form of petechial eruption. This variety is the one most likely to take an epidemic form, as ship fever, prison fever, war fever, etc. The onset is described as more rapid and its course shorter than that of genuine enteric fever, which even in its milder forms is aptly styled "slow fever," in New England at least.

The distinction as an eruptive and enteric variety, however, is not always absolute, because rose-spots are common in the enteric variety and admittedly may be very pronounced.

The variety we have to deal with here is that of abdominal typhus or enteric fever, which, in its milder or less pronounced forms may be called typhoid, as I have aptly or inaptly illustrated it to my class, by saying that a little dog is still a dog.

Without wishing to dilate upon the pathological differences between the various forms it deserves to be noticed that enteric symptoms are almost always discoverable in genuine cases, and may be recognized by the ever-present tenderness in the ileo-cæcal region, and this again attended by more or less inflation of the bowels and the gurgling sound of gas in that region during gentle manipulation. The absence of this symptom would, *ceterus paribus*, lead one to doubt the case to be enteric typhoid. This distinction would be of great importance, especially in those cases, not extremely rare, in which the patient does not consider himself ill enough to go to bed but continues to be about (typhus ambulatorius.)

Instead of a general description of the treatment of typhoid fever, it will be better to sketch the treatment, medicinal as well as dietetic, of the various phases and complications. Before proceeding with this, one more general observation deserves to be recorded, and that is the tendency to localization of the typhoid process. It is true that in by far the greater number of cases the localization is enteric; but there are many others where it is cerebral; others again where it is pulmonary; so that practically it is permissible to speak of a cerebral and a pulmonary variety of typhus or typhoid, as well as of enteric.

Treatment.—The following prominent symptoms are those calling for medicinal and dietetic treatment:

The fever, or rather the degree to which the temperature may rise, is very suggestive of a variety of therapeutic applications. Temperature indicates the degree of fever, and is that point at which all the heavy artillery of the schools has been misdirected, and is the indication not of doing the right thing gently but of doing the wrong thing with all one's might. If *Antipyrin*, *Antifebrin*, and cold plunge baths were the best things to apply none ought to hesitate; but as they are not something better must be substituted. Simply reducing temperature is not curing fever; as well might a violently delirious patient be quieted by a blow on the head.

Nothing is worse than overdoing. Hence, the recommendations given here may seem trite and commonplace, yet I would not change them for any others so far as known.

In the beginning of a case if it can be seen in, or, at least, soon after the chill, if there be any, *Aconite* will always be serviceable.

In great heat, restlessness and shifting about in bed *Rhus tox.* serves the purpose, especially if tongue and lips are dry.

If, on the other hand, the patient is chilly or has general dry heat, with much thirst and lumbar backache, *Bryonia* will be the best choice.

In extreme cases or in ordinary cases of typhoid in which the exciting cause is great fatigue and mental stress, with slow, feeble pulse, coldness of whole body and extremities, tendency to cold sweat, *Veratrum viride* should be an almost infallible remedy.

Wherever delirium supervenes of an excited kind, with pallor and dilated pupils, or if the face be red with burning heat, *Belladonna.*

In the muttering delirium in a comatose state with wide-open, glassy eyes, *Hyosciamus.* A purely comatose state with pallid or livid countenance also requires *Belladonna.* But cases in which somnolence is the characteristic feature, even approaching a soporific state from which the patient can scarcely be roused, require *Opium.* I have seen several cases of this kind, one of typhoid fever, and two others of apoplexy, in which the above symptoms prevailed, restored to consciousness by *Opium.* Recoveries like this, especially if occurring soon after an administered medicine, could not have taken place if the pathological lesion had progressed far

beyond functional disturbance. In case of lesion involving disintegration of tissue cells, restitution, if it occur at all, must be very slow and gradual.

There are cases of typhoid or typhus in which the cerebral localization is most prominent and associated with meningeal symptoms, such as signs of pain, screaming, attempts at jumping out of bed, and violence. Here *Belladonna* is often very striking in its effects. In my hands the alkaloid or its salt is most reliable.

When this meningeal condition terminates in somnolence or sopor, even when approaching coma, *Helleborus* is practically and justly my chief reliance; the contracted or rigid appearance of the pupil serves as a guide to this selection. Although this symptom is not among the constant ones of *Helleborus* it has several times served me well, not only in fevers but in meningitis of children.

Another group of symptoms is that which may occur early in the disease when very violent, or toward the close of an exhaustive fever: failing, slower pulse, great coldness of body and limbs, cold sweat. Here *Veratrum viride* is indicated. Not that it can be given with much hope of arresting far advanced tissue-dinintegration, but administered tentatively in the hope that destruction has not been great and that the phenomena are as yet functional we may still hope for success.

The enteric symptoms, though most important, are less numerous and less diversified than the cerebral manifestations, and commonly present themselves as diarrhea of yellow, generally painless and very offensive discharges, not very profuse. But they may vary slightly; yet these slight variations have great significance to us as Homeopathists, and we esteem him a poor observer who does not see them, or does not know how to take advantage of them. Thus, if the discharges are light yellow or greenish, watery, and occur chiefly toward morning *Podophyllum* is called for. If darker brown, with more or less flatus at time of discharge, which seems to the patient as if only wind were coming, then we think of *Aloes*. Thin, painless diarrhea at odd times, and rather profuse calls for *China*.

These examples do not exhaust the list, for there are not infrequently painless discharges with colic preceding the discharge, which is associated with tenesmus. Considering the inflammation, tumefaction, possible sloughing of Peyer's patches (where the typhus bacillus is found), it is only a matter of wonder that pain is not more frequent. Yet, in the presence of above symptoms *Mercurius corrosivus* is a most invaluable remedy.

To continue the list would prolong this sketch beyond its limits, except to say that nothing can be imagined more harmful than the use of so called styptics in this form of typhoidal enteritis. Let us be thankful if it is not aggravated by unavoidable causes, for the avoidable ones are constantly endangering the patient by the tendency to sloughing and perforation, which may suddenly take place, even when we consider the patient out of danger. *Opium* in large doses in such cases is a delusion and a snare. The diarrhea will stop, but the patient will not feel better and will have his looseness again if happily the narcotic disappears without other undesirable effects.

Next to diarrhea, the "constipation" of typhoids has given the doctors a great deal of unnecessary alarm, and has led them to the display of much wasted energy. Doctors of any school whose experience is the result of reflection have always considered "constipated" cases as of favorable prognosis; while the inexperienced, though possibly of long practice, are apt to try to relieve the supposed constipation, with the result of exciting by laxatives or enemata the tumid but torpid intestinal glands to increased inflammatory action and danger. This danger is avoided by letting the bowels alone, medicinally and dietetically. As a typhoid patient usually cannot eat this hint should be obeyed by letting the digestive organs rest on very light diet. In case of tenderness, tympanitic distension, or dry heat of the abdominal surface, the cool, wet compress is always in order, with the result of affording great comfort to the patient, though it may meet with the opposition of friends and their doctors, who care less for the relief of the patient than the gratification of their foolish prejudices, for the sake of which many of us have seen the anxious and conscientious doctor dismissed and the patient die.

If there is actual and ineffectual urging to evacuate the bowels *Nux vomica*, aided by a small enema of warm water, repeated once in two or three days, is all that is necessary and wise.

Unless the treatment of diarrhea and of constipation is gentle, trouble is sure to follow. This trouble may consist only in temporary aggravation of fever, of diarrhea, etc., or it may be something much worse, especially intestinal hemorrhage, justly much dreaded in this or any other disease. Under wise and conservative management of typhoids such hemorrhages are very rare, or if they do occur, even if quite profuse and repeated, they are not often fatal. It would take but a little unnecessary medication by large doses of *Ergot, Opium, Tannin*, or what not, to produce a fatal result.

When hemorrhages occur stop the food if an increase of nutriment has been thought advisable; at once make use of the cool (never cold) wet compress to the abdomen, and place the patient in the most relaxed position in bed. This alone will often put an end to the hemorrhagic discharges. If the patient has not yet been able to eat, and if the hemorrhage occurs under the most conservative treatment, the prognosis, of course, is less favorable but by no means absolutely bad. *Ergot* (*Secale cornutum*), so dangerous in drachm or half-drachm doses, is most beneficial even in stupor or unconsciousness, in the first, second, third or higher dilutions.

This medicine, though known to every tyro to cause a variety of hemorrhages is yet used by said tyro to stop it; still, without teaching him the practical value of our Homeopathic maxim. The simple trick of using so powerful a drug in small doses to arrest hemorrhage will never be appreciated by people who can't see the town because the houses are in the way.

If *Secale* does not reach the case perhaps *China* or *Ipecac* will.

The tympanitis accompanying many cases of typhoid is very undesirable, indicating "a low state of the system," that is, a vitiation and arrest of metabolism which if long continued means an unfavorable termination. *Arnica, Rhus, Sulphur, Belladonna, Phosphorus* and *Arsenicum* will be given here with advantage, and much assisted by the wet compress, which should be cool or warm (never cold or hot), according to the temperature of the patient, not only as indicated by the thermometer but as communicated to the hand.

Swelling of the spleen is said to be pathognomonic of abdominal typhoids. If so, *Arnica, Sulphur* or *China* are chief among indicated medicines.

Diet.—The gastric symptoms in typhoid are not many but very uniform, the chief one among them being the entire loss of appetite and the various degrees of coating of the mouth and tongue, varying from a white coating to excessive dryness and brown crusts on lips, teeth and tongue.

It is at this stage that the most important of all measures of treatment, that of diet, should be considered. It is here that we must call to mind the obvious circumstance that a patient afflicted with a disease which at once deteriorates and disables the digestive function, should not be crowded with food of which he in many cases can digest but very little, if any. It is a peculiarity of this disease in a more marked degree than in most others that the patient, who can eat little or nothing, is obliged to subsist on whatever material he has stored up in health. Our inability to estimate his resources in this respect is that which makes our prognostications as to the duration so doubtful. This is especially the case where an apparently well nourished or "fat" patient succumbs quickly, while one of a wiry, spare habit manifests an unexpected degree of resistance.

Whatever the incalculable quantity or factor may be our most practical recourse is to find out just how much, or rather how little, a patient can digest without producing undesirable aggravation, and then to repeat that quantity of nutriment at regular intervals, which, again, depend on the quantity taken each time. The more food the patient is able to take and digest without danger so much more speedy will be his recovery, and so much the better his condition during convalescence. The greatest compliment which friends can pay the doctor is to tell the patient after a severe fever that he does not look as if he had been sick at all.

As for the food best adapted to typhoids, this can be all summed up in the words, Liquid Food. That implies nutrient material in solution. Experience shows that an excess of nitrogenous food is inferior even in solution, and that farinaceous foods are better, though these, too, should be changed when there are signs of indigestion.

Of all the foods, pure cow's milk has usually given the best results and should be insisted upon notwithstanding the superstitions of patients, too often shared by doctors, that it is "binding" or that it causes "biliousness," etc. The patient may not like it and even have an unconquerable aversion to it. This should, of course, be respected. If pure, freshly boiled milk, now called "sterilized," is absolutely refused, it is best to substitute a gruel made of maizena (corn starch) and milk, a portion of the yolk of an egg, and a little salt or sugar, or both, to make it more palatable. This will prove digestible if anything will. Later on, as convalescence progresses, it can be made into a blanc-mange or jelly, and eaten with milk and sugar. This is the time to add broths to the diet, and later on steak or chops, to be chewed only and not swallowed. Mastication of meats extracts and partly digests the nutritive portions of meat better than any artificial process.

The greatest error that can be committed in these fevers is to deprive the patient of plain water. He should have all he desires.

For gastric symptoms it is unnecessary to enumerate any group of medicines which the symptoms will readily suggest. The same may be said concerning pulmonary symptoms which prevail in a number of cases of typhoid fever. If this selects the thoracic organs as its point of localization the choice of medicines will naturally have to be partly from a different group than that selected from in the abdominal or cerebral variety. As actual lobar, croupous pneumonia may be developed and run its course, complicated with the general low typhoidal type of fever, the cool, wet compress around the chest, with *Rhus tox.* as a remedy, should not be neglected.

Stimulants, the scientific name for whisky and other alcoholic beverages, are only whips to the tired horse, and will speedily aggravate every symptom; for which reason the writer refuses to swell his mortality list by accepting patients who, at the hands of Allopaths or Homeopaths, without personal judgment, have been wrought up to, or are beyond the danger point. At the same time it is unquestionably more difficult to abstain from such wrong practices than to be governed by popular prejudice to the detriment of the patient.

Lastly, some general dietetic observations will terminate this sketch. In all that has been said before, it has been taken for granted that the patient has proper nursing by a competent person, who keeps the room well aired and the patient, as well as his bed and clothing, clean, and who, by heat or chlorides, etc., attends most scrupulously to the disinfection of all discharges.

The cold bath has for years been recommended "to reduce the temperature" whenever it rises. It is astonishing what typhoid patients will endure, but there is no need of testing their endurance by cold affusion; a much better way is to wrap the patient in a sheet wrung out in warm water, and then to cover him with several blankets and quilts, to repeat this process once an hour for two or three hours, and then gently to immerse the patient in a bath not more than ten degrees below normal temperature. This gives no shock, allays fever and delirious excitement, changes a soporific state into quiet somnolence, and is grateful to the patient. Of course, it requires work and close attention; but it pays.

In the preceding only the names of some medicines have been mentioned without the qualifications of dose and potency. All that need be said is that medicines should be so prepared that the dose given should contain *some* medicine. There is a vast difference between no medicine at all and a very little medicine, such as is represented in a few drops of the tincture to the twentieth decimal dilution. From the tincture, in future to represent the 1st decimal, to the fifth is enough for all purposes. This little should be well diluted before administration, and should be repeated at suitable intervals.

As to the best results of any method of dosage, this can only be determined by the comparison of large and accurately reported numbers of cases. This has never been done in the proper manner. The pneumonia cases compared in Vienna many years ago by Drs. Fleischmann, Wurmb and Caspar had the disadvantage of small numbers compared with exceeding great ones. It is to be hoped that with our numerous and well organized hospitals comparison of various methods, will be well tested on a strictly statistical basis. Until such comparisons shall have been made the publication of clinical cases is little better than the narration of clinical anecdotes. The best narrator has the floor.

New York state is said to have 11,171 physicians, Pennsylvania 9,310, and Illinois 8,112. Surely the people of these commonwealths have no occasion to complain of the lack of medical men to attend to their physical necessities.

GENERAL MANAGEMENT AND MEDICAL TREATMENT OF TYPHOID FEVER.

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In responding to a request for an article upon the general management and medical treatment of typhoid fever it is understood that what is desired is not a text-book or exhaustive treatise, but such observations as may be given off-hand by a general practitioner of some experience.

Typhoid fever must be regarded and treated as a disease which has a course to run, and while this course may be modified and held to a minimum by proper management, so that recovery may take place in cases that would otherwise be fatal, still it must be admitted that there is no means known to the profession that will abort a typical case.

The disease is an enigmatical one in many respects, and there are occasional "abortive cases" which delude the practitioner into the idea that he has found a remedy or a course of treatment that will cut short the usual term of the fever; but he will probably not have to go far to lose all of his conceit by finding cases that will actually pay no attention to his supposed remedies.

A good nurse and correct hygienic conditions are of the greatest importance, and the average patient with this fever will do better with these and without a physician than with a physician without these. Further, a skillful nurse, who has been trained to her duties, and who is faithful, will, by attention to disinfection of fecal discharges and soiled articles, or proper disposition of the same, prevent a dissemination of the disease which might otherwise occur from contamination of the water supply of the locality.

A comfortable bed, a well ventilated room, and a plentiful supply of good water, readily accessible, are among the indispensable accessories to the nurse when a siege with typhoid fever is to be undertaken.

A mild case of the disease may often get on well with expectant or simple hygienic treatment; but it is always to be remembered that we are dealing with a treacherous disease, and the case which appears likely to go through its course at a gentle rate may at any time assume a serious aspect, and one vicious little perforating ulcer may suddenly convert it into a fatal case. Constant vigilance and our best efforts are therefore demanded at our hands at all times. The comfort and the refreshment of our patient should be constantly considered—for refreshment amounts to much in this disease—and especially must he be guarded against imprudence in diet or in the way of exertion. A slight indiscretion in diet, or undue physical effort may make the difference between life and death. The lightest tax consistent with sustaining strength should be put upon the digestive organs, and nothing that could irritate the inflamed mucous surface of the ileum should, under any conditions, be allowed, while the general repose of the patient should be secured by preventing him from making exertions which he may think quite harmless, but which might prove seriously deleterious.

While it is not always so it is often the case that the secretions of the mouth are diminished, and water, in small quantities, should be frequently administered, whether called for or not. The patient is often indifferent to this condition, even when the tongue is dry and hard; but the nurse should never be. The need of the water in the system should ever be borne in mind, and the patient's desire should not be the gauge of the requirement in this regard. But it is not only internally that this important element must be liberally supplied. In the majority of cases, especially in warm weather, but not in all, the application of water to the surface is of great comfort and utility. Even where not demanded by the feelings of the patient, although these should be considered, the abstraction of heat from the skin is an important refreshment, and relieves some of the tax of the fever upon the nervous system. Of course if water applied to the surface should be repugnant to the feelings, as is sometimes the case, it is not to be insisted upon; but, generally speaking, when the fever is high, sponging of the body, wholly or in part, with water not too cold, is one of the most efficient means at hand of mitigating the severity of the fever and the discomfort of our patient. Repose and sleep will often follow this course when medicines have failed to produce the desired result.

The cold pack is often found useful, when practicable, but is not to be resorted to as a hobby remedy as it so often is by our hydropathic friends; but sponging, frequent and continued, by reason of the evaporation, and the "shock of pleasure to the sense" given by the contact of the water, is generally greatly beneficial. A cold, wet cloth on the head may be all that will be required in some cases, and not even this in all, while sponging of the hands, and arms up to the elbows, will most frequently be acceptable and useful where fever is high. A towel folded once and saturated short of dripping laid over the thoracic and abdominal regions is a convenient and useful method; but when heat is very great the general sponging will be the proper thing.

Another application of that most useful of all articles, water, is in the way of enemata. An enema of tepid water may be given at any time, unless contraindicated by disturbance of the patient; but this, with a good nurse and a bed-pan (an essential implement) need rarely be. It often adds to the comfort of the patient by removing matter from the lower bowels, and by facilitating the escape of gas. The bathing of the bowel in this way is soothing, and injury does not follow. It is not always required, and like other things should be used only when indicated, for fussy nursing or medicating in typhoid fever is bad. It is important to know when to let alone.

As for the constipation which often exists in the early stage, and sometimes throughout the course of the disease, it need really not be an occasion for concern. Eventually movement occurs and often too much. A trustworthy gentleman who went through a course of many weeks of the fever in another city, in charge of a Homeopathic physician, assured me that he went twenty-eight days without an action, and then had a perfectly natural one. How horrifying this would be to some of our Allopathic friends who feel that they are derelict in duty, paralyzed and inefficient, in fact, doing nothing for the patient if they are not engaged in "cleansing the *primæ viæ!*" By all means let us abstain from scouring those afflicted *viæ!*

The careful adjustment of the diet to the individual case and condition will be a chief object of care to the physician, for much will depend upon this. Here the doctor will often have to stand, with steady firmness, between the patient and his friends; for the latter would often encumber with help and kill with kindness. Not only will the earnest importunities of friends have to be resisted, but these "friends" will often have to be suspected and watched; for the

temptation to give a little of this or of that "to keep up his strength" is hard to resist, and many a life has been lost, the cause never being disclosed, by this sort of interference.

From the commencement of a case of typhoid fever until convalescence is far advanced it is not wise to give any heavy or decidedly solid food. It is unnecessary and has often done harm. The seeds of fruits or any food which might present to the inflamed and perhaps ulcerated intestine any hard particles must be absolutely prohibited. Fruit juices may often be allowed to advantage. Liquid diet is the best, and of all fluids milk is generally the most suitable and valuable. It is unfortunate when this is not acceptable. Buttermilk, against which there is somehow a senseless prejudice, is often relished, and when fresh is excellent. Upon milk alone many cases are nourished throughout. Meat juices and extracts are good, fresh when practicable, but there are many prepared articles of this sort of much value which may be given, if necessary, in place of or in alternation with milk. Once in three hours is generally often enough, for we do not expect to compensate for all of the waste going on in the system, but only to nourish to some extent, so that the wear and tear may not be greater than can be borne.

Usually it is not well to feed at all in the early stages, and there is often indifference to food, but as the cases are generally protracted, light nourishment will be needed to help out. In the later stages, especially if nervous exhaustion be great, and if subsultus occurs, diffusible stimulants will be required, and sometimes in considerable quantity. Milk punch comes in well here, but at times the liquor will have to be given simply in water. As the directions of this paper are general in character, quantities and modifications will be studied elsewhere; but the writer feels well assured, from abundant experience, that lives have often been saved by a free use of alcoholics that would inevitably have perished without them.

Farinaceous foods are called for during convalescence, but specific directions will not be attempted here. The physician will of course consider attentively the dietary of the patient all along, paying heed to the preferences and peculiarities of the individual. As the case improves articles that have constituted a part of the habitual diet will often come to mind. The accustomed coffee or tobacco may be desired, and generally can be allowed in moderation to advantage. A little wine, champagne, claret, hock, or other wine that the taste may call for, will be at times serviceable. Ginger ale (imported) has been found extremely useful throughout the course of some cases, "going right to the spot," as the patient expresses it, and promoting in some degree the secretions of the mouth. Apple cider is often agreeable and useful.

Other things being equal that which is craved is more readily appropriated by the system, the mouth "watering" and the other digestive fluids springing to meet it. On this account seemingly outlandish articles are found not only to do no harm but to be positively beneficial.

Typhoid patients are not nearly so susceptible to "cold" as many imagine, the general sensitiveness of the system being to some degree obtunded, and while the skin is dry and hot a free circulation of air over the patient may be allowed. Often, however, cases are attended with moist skin, even with high temperature, when more care will have to be observed, although "cold" is not even then very easily "taken." In more advanced convalescence great care must be taken to avoid possible chill, and the temperature of the feet must be watched, and not allowed to become cold. It is perhaps just as well that the laity do not generally understand the lack of susceptibility of typhoid patients, as mentioned, as too great freedom might be indulged.

Treatment.—Regarding the medical treatment the first point of medical advice is, touch it lightly. The heavy-handed doctor, he who has been captured by the barbarous aphorism, "Desperate diseases require desperate remedies," is one to be dreaded always, but especially in typhoid fever. It is he who often renders cases desperate that would not otherwise be so, and the worse the case is the more active is he with his fearful blunders. "Heroic medication," a horribly incongruous term that has slain its thousands, if it has any excuse anywhere, certainly has no place in this disease. It is the cautious and conservative physician of gentle measures who is the successful physician.

Perhaps the greatest of medical cranks is the one who imagines he can "disinfect" the system of a typhoid patient. Is not antisepticism or germicidism run mad when it proposes to send a disinfectant through the buccal and pharyngeal cavities, through the esophagus, stomach, duodenum and jejunum, with all their digestive and modifying secretions, down to the ileum, to wrestle with the *baccillus typhosus,* which it is, of course, expected to recognize and destroy, no matter how deep-seated it may be? It is to be remembered that the baccillus is not only in the Peyer's patches, but infects the lymphatics, the blood and the tissues.

Somehow nature seems to have ordained that the system must disinfect itself, and it takes weeks to do it. The physician and the patient must have patience, for there is positively no short cut to a cure, however much may be done by judicious management of the sufferer. Well-selected remedies may relieve many complicating conditions, but we cannot with remedies say to this fever, "Thus far shalt thou go." Beware, then, of the man who has a "sure cure," who "never lost a case." There has been something wrong about the diagnosis or the man. Under the most judicious Homeopathic treatment there is a mortality of five per cent, while under old school treatment it is rarely below ten per cent and is more frequently twenty per cent and over. "Be sure to do no harm" is the first rule of practice. Having a germ disease to deal with, we must try by all means to prevent its killing our patient.

There appears to be no end to the number of medicinal substances, real or supposed, that have been proposed in this affection. Probably one-half of all named in the materia medica have at one time or another been used, lauded, discarded and in time decried, often because abused. Of course, in a disease showing such multifarious conditions this is not a matter of surprise. Our old school friends still hold, in many cases, to what they consider antipyretics—large doses of *Quinine* and the coal-tar derivatives, *Antipyrine, Antifebrine* and a score of others. The *Quinine* treatment is daily shown to be inefficient in this fever, whatever it may be in malarials, and is responsible for many mischiefs. The large group of others referred to, while often subduing pain, and temporarily abating temperature to some degree, have not fulfilled the promise of their early introduction as to freedom from after-effects, and are far from being free from danger and disadvantage, their continued use leading to various compli-

cations, heart-failure, that much abused but here applicable term, being among them.

In Homeopathic practice the remedies most commonly found useful are: *Aconitum, Arsenicum, Baptisia, Bryonia, Digitalis, Gelsemium, Hyoscyamus, Mercurius, Muriatic, Phosphoric* and *Sulphuric Acids, Opium, Rhus* and *Veratum viride.* But there is a large list of others which are favorites with some, and which are called for at times. It is not consonant with the general nature of this paper to give special indications, but a few miscellaneous suggestions as to treatment may not be amiss.

To the novice the advice may well be given. Select your remedies carefully, but be prepared, in dealing with typhoids, to be disappointed in any case, and when you think you have a brilliant success wait for confirmation before concluding that the improvement observed is not a coincidence rather than a result. The most experienced physicians have generally come to rely more upon hygiene than upon medicine in this long-running fever.

Aconite, the most general fever remedy among us, is, of course, the first to come to mind; but it has in many cases been found disappointing. Of what remedy, however, of the scores that have been proposed, may this not be said? The truth is there is an inflammation in the intestinal glands and the fever will not down at the beck of any drug while this continues. It appears that the ferment must run through its course in the system, and the most that can be done is to mitigate the severity of the symptoms. *Aconite,* while failing in many cases, probably does as much as any remedy, and it has often been found by the writer that when turning from this to other remedies the same disappointment has been experienced. The best indicated remedies fail to accomplish for us in this disease what they achieve for us in others.

Baptisia has been the most disappointing of all remedies in the experience of the writer, probably because it has been so greatly lauded.

Belladonna has been useful but has not generally arrested the symptoms for which it was decidedly indicated; still there is none better in its place.

Mercurius has been of value in modifying the diarrhea, and is upon the whole a most valuable remedy even after hemorrhages. It is more to be depended on than the astringents and other violent remedies of the old school.

For the depression that comes with hemorrhage, stimulants will be in demand. While quietude, to a great degree should be the rule, the movements of the body in severe cases being very gentle, when hemorrhage occurs absolute quiet of the body is imperative. The bed-pan will here be indispensable in case of discharges. While hemorrhage is an untoward symptom, indicating abraded surface and perhaps considerable ulceration of the intestine, it is not so desperate as some imagine—many recoveries having taken place after large and repeated discharges of blood. Even after perforation of the intestine recoveries have been known; but the peritonitis which follows this is generally fatal. Relapses, while unfortunate, are usually recovered from, and the patient and physician should not be too greatly discouraged at these, which not uncommonly occur without assignable cause.

The various disturbances of the sensorium, as affections of the hearing, sight, taste, etc., are incident to the general condition, when they occur, and this general condition is what is to be treated. The physician who will run to his repertory and change remedy with every fitful, fanciful, inconsiderable symptom, will not show a wise conception of the case in hand, will not be rewarded for his pains by satisfactory results. The man who has charge of a typhoid patient must take a broad view of the situation, must be steadfast in his views and methods, and must not be turned aside from a proper course by the frequent complications and irregulations which present themselves. He must, if he has regard for his reputation, be exceedingly careful as regards prognosis, for this is the rock upon which the young physician has often been wrecked. The man who "knows it all" has frequently been taught a severe lesson as the result of his rashness. The man of largest experience is the most cautious; for he knows that cases which have gone on apparently to near the end auspiciously have suddenly developed into fatal cases. Anxious friends with their perplexing questions must be dealt with most circumspectly as well as kindly.

Appearances are often deceptive in typhoid fever. The expressions of the patient cannot be relied upon. The thermometer is generally the truth-teller. A sudden fall of temperature generally betokens hemorrhage, and the absence of pain is often misleading. Many great mistakes have bean made during convalescence by allowing indiscreet liberties to patients. Dismissal should not be too early. Extreme cases which seem to offer no hope of recovery do sometimes recover, and there is scarcely a conceivable condition of a typhoid patient from which recovery has not taken place. A case should never be despaired of while breath lasts.

As cases sometimes, in later stages, fall into a condition resembling delirium tremens, and have a mania for escape, they must be accordingly watched, and a sufficient force should be at hand to overcome a surprising display of maniacal strength. Paralysis of the bladder may occur, and the catheter may have at times to be used. When, as is often the case, the mouth and tongue are dry it is comforting and useful to have the mouth washed out with vinegar diluted with water. The diminished secretions of the buccal cavity are improved by this. It is often grateful to the patient to have the face bathed with the same. The taste of the patient, if he be not indifferent, should be consulted. Alcohol, diluted, is very refreshing, used in sponging the face, neck and chest, or even the whole body. It does not leave a sticky feeling on the skin, or a disagreeable odor, as do brandy or whisky. A bent glass tube is often useful for giving nourishment without having to raise the patient. When lips are very dry they may be moistened with cream, or even with vaseline. When the patient is unable or unwilling to wash out the mouth a swab of some linen around a small stick should be used for moistening the tongue, which is often dry and coated without the consciousness of the patient.

Good judgment and watchfulness are required during convalescence, and many important questions may arise as to diet and hygiene which must be settled by careful consideration of the environment, and not by cast-iron rules. Articles used in childhood are often thought of and used to advantage. As health returns special cravings are often discovered, to which it is well to pay considerable attention.

It is wrong to teach that there are special remedies that will "cure" eroded or ulcerated intestines, leading to hemorrhages in typhoid fever; the best that can be done is to treat the patient, and make things as favorable as possible to allow nature to effect the cure.

THE CLINICAL HISTORY OF TYPHOID FEVER AND ITS TREATMENT.

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Although typhoid fever has a marked aud definite history, as a rule, careful observation of cases show great dissimilarity in many of its features. I was particularly struck by this in making clinical examination lately of twelve cases in Cook County Hospital. These presented fair pictures of both the abdominal and cerebral types. No two cases, however, were strikingly alike. Such an experience readily convinces one of the truth of the aphorism "You are not to treat diseases but persons affected with disease."

The limit to this paper set by the editor precludes the consideration of any extended clinical history or detail of symptoms. I will therefore content myself with reference to some special features observed. Thus far this year the cases are mild and not more than usual in number. It is claimed that after a hot and dry summer, like the one we have just passed through, there is an unusual prevalence of typhoid. It is perhaps too early yet to definitely decide this point, but as our greater number of cases come in September it is fair to consider the matter practically settled.

One feature is particularly to be noted in nearly all of the hospital cases, and that is the rise of temperature after admission. Unquestionably this is due to the excitement incident to moving and to the aggravation of existing conditions which may come from the bodily irritation induced. After a day or two there is nearly always a gradual subsidence of the fever. It is particularly necessary to take this into account in estimating the value of any given plan of treatment. A marked characteristic of all cases under Homeopathic treatment is our inability to divide the progress of the disease into periods of weeks, as amelioration is likely to set in at any time. I have had charge of many cases where lysis has steadily proceeded after the first few days of the disease to a favorable termination by the end of two weeks, or the middle of the third.

Typhoids should be divided into two distinct classes, namely those in which the temperature shows a decided tendency to remain moderate throughout, seldom reaching more than 103 or 104 degrees.

Second, those in which the temperature continues to rise with rapidity and remains persistently high. It is hardly fair to use the terms mild and severe cases for these two varieties, although it is true that there is a correspondence usually between the degree of the fever and the severity of the case. We have seen cases with a decidedly high temperature subdued after a few days and subsequently run a mild course, and occasionally those with a moderate temperature where after the end of the second week the rise became marked and more severe complications set in, ending fatally.

Occurrence of the eruption may be predicted in nearly every case. It is true that sometimes, especially in children, careful search may fail to find it, but certainly in adults if it is persistently sought for one can almost always detect it. Eichhorst claims that in one thousand cases under his own observation he failed to miss it entirely in a single instance.

In some cases it is possible to produce a symptom closely resembling the tâche cérébrale of meningitis. If you draw a finger across the skin of the cheek or brow you may produce a distinct red streak with white edges. The limit of this article will hardly permit a discussion of the resemblance between typhoid and cerebro-spinal-meningitis. It is probable that the latter is never more than the result of the intensified ptomaines which produce the blood poisoning of typhoid fever.

It seems somewhat singular when the morbid anatomy of the disease shows so little physical impairment, as a rule, of the nervous system, that the nervous symptoms should be so pronounced. It is said that meningitis and cerebral hemorrhages, unless in the form of small extravasations, are rare, but certainly in many cases clinical evidence of a considerable degree of meningitis is known to be common to special typhoid lesions. To draw the line between cerebral typhoid and spinal meningitis is sometimes exceedingly difficult. Few diseases show in their morbid anatomy such extensive pathological changes as typhoid fever. No tissue seems to escape destructive degeneration; even the structure of the muscles and the very marrow of the bones are involved.

A special feature of most cases this year is the absence of diarrhea; indeed, quite obstinate constipation has been the rule in a considerable proportion of cases. This experience has taught us that the relation between frequent movements of the bowels and intestinal hemorrhage is not striking, for we have had a more than usual number of cases of the latter. The worst case of intestinal hemorrhage I ever saw, terminating fatally, occurred in a case which had no diarrhea until the day preceding the hemorrhage, and that not at all severe. This illustrates very forcibly the fact that even where there is no diarrhea we may have the characteristic intestinal lesions going on even to the extent of ulceration. Mild cases of this year have shown quite a tendency to epistaxis and intestinal hemorrhage. Intestinal hemorrhage is not, in my experience in the hospital or private practice, as fatal a symptom as is ordinarily supposed. Patients may undergo rapid and severe hemorrhages inducing quite a collapse, and yet recovery may take place. The normal disease limit, as I am wont to term it with my students, of 120 for the pulse, is especially marked in typhoid; every beat above 120 increases in geometrical ratio the danger of the patient. This I find true not only in typhoid but many other acute diseases, notably pneumonia and scarlet fever. The decided absence of respiratory symptoms seems to be characteristic of this year's cases. There are seasons when we have marked tendency to pneumonia and pleurisy. This may be more manifest later in the fall.

Treatment.—The hygiene is of great importance in the treatment of typhoid fever. The history of the epidemic at Plymouth, and that of Williams College, of which I was myself a victim, teaches us that in all cases the first thing to do is to change the water. As distilled water is now a ready article of commerce we are reasonably sure of getting it pure. Rectal and colon flushings, with pure water, I regard of paramount importance. These should be given at a temperature of 75 to 100 Fahrenheit, according to the amount of fever. With a good nurse and proper utensils these can be administered so that they will be grateful to the patient and attended with almost no exhaustion. They should be given twice a day or oftener if there is evidence of marked sepsis.

Recent experience in both mild and very aggravated cases has taught me the great utility of this method. Intestinal antisepsis by the use of drugs does not seem rational nor has it proved as yet effective.

Due care should be taken to maintain constant purity of air in all cases.

Doubtless many typhoids are starved under the regular hospital diet, with its cast-iron rule that only milk should be given. When strong men cry like children for food some regard can be paid to their demands. Since my hospital experience of ten years ago I have advised the giving of food, carefully of course, and thus far with no bad results. Bland, soft food can pass over intestinal ulcers without injury. Milk is of course the standard article of diet, to which can be added eggs, whipped lightly. If the whole egg is not borne use the white alone. This added to milk with a little stimulant makes a very agreeable and nourishing drink. Malted Milk for variety however is a good substitute at times. Chicken or mutton broth, made nourishing with barley or rice is good, if the intense dislike of meat does not forbid. If there is any diarrhea beware of beef tea. Thoroughly cooked oat meal and barley water can always be selected. Every point gained or lost from the first days of treatment should be noted by the intelligent nurse and carefully scanned by the physician.

Recent statistics* collected at the Bristol Royal Infirmary of 221 cases, extending over nine years, show a mortality of 15 38-100 per cent. Reference to some Homeopathic statistics, lately published, show that we are not always successful in securing a low mortality.†

I believe the mortality under judicious Homeopathic treatment should be almost nil, except of course in epidemics characterized by special malignity.

Brand, if we are to credit his statistics, has certainly secured some remarkable results, but the cold bath treatment has never found very much favor in this country. Few have succeeded in securing anything like the results obtained by Brand.

Osler says: "Do not suppose that you can, as Brand enthusiastically claims, keep the patient in almost an afebrile condition." An inspection of any series of carefully taken charts will convince you that this is an impossibility. The temperature rises again in a variable space of time and in some instances the influence of the bath upon the rectal temperature is extremely slight.

Graham Steel, speaking of this method says, "While in cases of moderate severity the reduction was easily accomplished and maintained for a considerable number of hours, the temperature rising only slightly, in the severe cases not only was much difficulty experienced in reducing the pyrexia but when reduction had been accomplished almost as soon as the patient was removed from the bath the temperature rose rapidly and the bath had to be repeated in a few hours."

Shingleton Smith says, "Phenacetin, upon which the antipyretic treatment of typhoid now for awhile appears to rest, has clearly superseded the systematic use of the cold bath, and we may regard these as the two rival methods struggling for mastery."

After Homeopathic observation of the futility of antipyretic treatment, and in view of the strong caution against its use given by even old school authorities, if the cold bath is only a rival of this latter method we certainly do not specially need to add it to our armamentaria.

It would seem hardly necessary to urge physicians of our school to abandon the use of antipyretics, but I have seen too many instances under my personal observation of their use by men of standing in our profession to make me feel that such a note of warning should be withheld. If our men would only carefully note the statements of observant physicians of the old school they would be less inclined to think of value measures which they condemn.

Musser says, "Without my concurrence in the private ward of the Plymouth Hospital, five grains of antipyrine on one occasion were administered to a typhoid with such serious collapse that for five hours it required the effort of three of the internes to restore the patient to her normal temperature and, in fact, to save her life. Given in the latter stages of typhoid fever I think antipyretics are especially dangerous and must be administered with the greatest care." Dr. DaCosta has called attention to the class of cases in which it would be dangerous to administer antipyretics, viz: those in which on account of exhaustion by the long time spent in bed, or limited diet, the temperature keeps up or continues to rise. These observations, together with the infinite variety of drugs used both by the old school and the Eclectics teach us that little is to be obtained in the treatment of typhoid fever by the methods in vogue in other schools aside from purely hygienic methods.

Elmer Lee, in the *North American Practitioner*, asserts that the profession agrees that no kind of drug treatment is useful or curative in typhoid fever.

We have already asserted that under Homeopathic treatment there should be practically no mortality. This can be accomplished by following first, hygienic rules given above, second by carefully affiliating remedies to the case. I have many times in hospital clinics demonstrated on the blackboard the futility of anti-pyretics as shown by the carefully prepared temperature charts; the sudden depressions followed by corresponding elevations leave the patient after a few days with a higher temperature than when the use of the anti-pyretic was commenced. I have also demonstrated the true anti-pyretic effect of Homeopathic remedies, which reduce the temperature slowly, but steadily and effectively, so that at the end of a few days a far lower range was accomplished. Then we seldom have critical days. The period of amelioration may come at any time. Watch with eagle eye the temperature range, because it is a faithful enunciator of improvement or retrogression.

I have little to say specifically of special remedies, except to enter my protest against the often repeated admonitions not to use *Arsenicum* in the early stages of typhoid. I am certain in my hands it has helped to shorten the disease. While many symptoms of the drug are wont to be found in its later stages there are very many common to its early condition. For the headaches, either mild or intense, during the early stages of the disease, *Belladonna* or *Gelsemium* may be used.

Baptisia, with its beautiful pathogenic picture of the early stage of typhoid, is undoubtedly valuable, but my own experience places it second to *Bryonia*. There is no use for any drug in typhoid unless its effect is reasonably speedy. Careful consideration should be given, and if the case is not improving substitute another drug for the one in use.

Rhus with its characteristic symptoms is the typical typhoid remedy. It is suitable in all stages. It will re-

* International Medical Annual, 1894.

† Medical Record June 9, 1894.

lieve diarrhea and covers well the nervous phenomena. *Mercurius* has not seemed to possess the value attributed to it even in cases where it is clearly indicated. It is claimed that it prevents intestinal ulceration. Possibly I have not used it low enough. The old school shows a tendency to return to the use of moderate doses of *Calomel*, regarding it as antiseptic in its action. We shall have little trouble with the diarrhea if the flushings, to which I have referred, are used. In private practice this year and in Cook County Hospital the intestinal maladies have readily yielded to treatment, even the hemorrhages.

Millefolium will always hold high rank for intestinal hemorrhage, as, also, will *Nitric acid*.

Opium is useful for fetid involuntary evacuations; especially with cerebral symptoms prominent.

The late Dr. Shipman claimed that this remedy is valuable like *Sulphur* when the system fails to respond to the indicated remedy. It must be used low and often it should be used early, paticularly in severe cases. It certainly is stimulating in moderate doses.

Phosphoric acid is not only beneficial in intestinal hemorrhage but it is valuable for marked prostration, especially after *Arsenicum* fails.

Belladonna is not alone valuable for headache and other cerebral symptoms. There is something specific about its effect on the disease. Given early and persistently it will profoundly modify the malady.

But if your case does not do well change your remedy. Stubbornness is not consistency. It is consistent to change when there are indications that a change is necessary. Keep steadily to your remedy, even if improvement is very slight, but change relentlessly at signs of retrogression.

HYGIENIC TREATMENT OF TYPHOID FEVER.

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Ventilation.—A patient with typhoid fever should have a room that can be well ventilated, a sun exposure, the windows and doors so located that a change of air can be had many times in twenty-four hours without the outside air coming in direct contact with the patient. Typhoid fever is among the foremost of diseases that require pure air in abundance. In breathing air deficient in oxygen the vitality of the patient is lessened and convalescence retarded.

During the summer months ventilation can be secured through doors and windows, and a well trained, intelligent nurse can make the proper changes of air without any detriment to the sick, always protecting the bed from a direct draft.

Carbonic acid gas is constantly being thrown off by the patient, and this, without attention being given to admit fresh air, renders the air of the room impure. This can be remedied by placing blankets or screens around the bed. With open windows a change of air can be made in a few minutes.

The nurse should give such attention to ventilation that no unpleasant odors will be perceived when the attending physician enters the room; if she fails to do that she is not a nurse that can be relied upon.

During any season of the year a fire-place becomes an excellent means of changing the air. Morning and evening a few pieces of kinding wood makes a light fire, gives out but little heat and makes a pleasant change of air for the patient.

During the cool months if the room has a fire place it should be utilized for warming and ventilating. Where the rooms are warmed by hot air there is a deficiency of moisture in the room, and this can be remedied by placing pans filled with water over the registers; one pan over a register will evaporate from two to three quarts of water daily.

A very simple method of admitting fresh air can be accomplished by inserting in the windows "Berry's Ventilator." By its use the air enters in upward currents, is distributed with the air in the room without coming in direct contact with the patient and can be used during the summer and winter.

The temperature of the sick room should not exceed at any time over 66 degrees to 68 degrees Fahrenheit, unless some changes are made in the garments that requires some exposure.

No greater proof need be required concerning the value of pure air than to investigate our hospitals. The best ventilated ones show the least death record. In all epidemics external air does much toward the recovery of patients.

In cases of typhoid fever a room containing one thousand feet of cubic space should have the air changed four times in twenty-four hours. Rooms containing less space require much more frequent ventilation.

Food.—The importance of feeding the patient in typhoid fever is too well known to the medical profession to need comment. The quality of food, and the quantity to be given depends largely upon the age of the patient previous habits and likewise the temperament and idiosyncracy. As no two people are alike in habits and taste, the diet must be varied to suit each individual case.

It is well known that the composition of milk is such that it is well adapted for food in typhoid fever. It contains all the ingredients that are required for nourishment; its action and absorption in the intestinal tract combined with the chemical and physiological properties as a food are very beneficial, and at all times it will take foremost rank on the list of dietetics.

The milk should be pure and obtained from dairies where the cows are not only well fed but where cleanliness is respected. The process of sterilization is necessary in the summer months and the milk should be kept well corked in four to six ounce bottles, never using a second feeding from the bottle.

Milk enters into many kinds of food that can be used at various stages of the disease. There are numerous methods in which milk is used as in malted milk, peptonized milk, Kumyss, fresh butter milk, wine whey, milk punch, and in the form of condensed milk. When milk is not predigested it can be peptonized.

When the gastric secretions are acid, the addition of one teaspoonful of lime water to a tumbler of milk will enable the patient to retain the milk.

Kumyss is very palatable and can be given when the patient is tired of milk.

Patients under my care have used, for three weeks, fresh buttermilk, having it prepared daily for the case. In all cases of typhoid fever great care must be exercised not to administer more food to the patient than can be easily digested. If digestion is not perfect the pulse becomes slightly accelerated,

and distention of the stomach associated with constipation or diarrhea; if the latter prevails it can usually be controlled by giving boiled milk and flour; to prepare this, boil in a clean, tied cloth, one to two pounds from four to six hours; this flour may be grated into boiled milk and given in small quantities, repeating every two hours until the diarrhea is checked. It is preferable to have it as warm as the patient can take it.

When condensed milk is used the best brand should be obtained and made dilute with distilled water six times its volume.

This food can be advantageously used in boarding houses and hotels when it is difficult to secure good cow's milk.

Some people cannot take milk in health, and loathe it when sick, and to this class of patients some substitute must take the place of milk.

Food should meet in the alimentary canal such chemical and physiological conditions that can digest and absorb it.

Imperial Grannum is an excellent article of food, easy of digestion and assimilation, and can be used in alternation with milk. Grannum can be cooked in milk; if this be objectionable water can be used. Prepared foods, such as Mellin's, Nestle's, and Horlick's, can used more or less through the stages of the disease.

Rice, farina, tapioca and well cooked barley are easily digested and assimilated.

Barley contains more protein than the above mentioned foods and is rich in phosphoric acid, which renders it a remarkable food in typhoid fever.

When the stomach is very sensitive to food the whites of fresh eggs whipped with ice or hot water can be taken when other foods are rejected; a patient requires four or five daily.

The following is not only easy of digestion but also a valuable food for the sick: Take the whites of one dozen fresh laid eggs, dry them, cut in thin slices and mix with ground barley or Imperial Grannum, this being cooked as the patient desires.

The white of one egg whipped in a cup of barley water with a little whisky or brandy added may be given if the patient is debilitated.

Food should be administered in small quantities and repeated once in two to four hours. A child under ten years can take milk from ten to sixteen ounces daily. An adult two to three times the quantity.

In convalescence wine whey made of the best sherry may be advocated as it combines food and a mild stimulant.

When the vitality is impaired, to one glass of milk brandy or whisky may be added and given from ten to thirty minutes, as the patient requires. It can also be used as an enemata.

Beef tea made from the extracts is not a desirable food. Park says it contains a large amount of salts, and the direct effect of this upon the intestinal canal may be productive of unpleasant consequences; Leibeg places it among the nervous foods and "incapable of supporting nutrition and maintaining life."

Where food and stimulants are required it should be given with well cooked barley and rice, or it may be mixed with the albumen of egg well beaten; as a rule beef in any form of preparation is inferior to farinaceous foods.

Soups or broth may be made of oysters, clams, mutton, veal, or any wild game, with the addition of rice or barley.

Drinks.—Pure spring water such as the Waukesha, Puritas and Poland I have found to be the best. If not practicable to secure spring water, that given the patient should be boiled or otherwise filtered.

Nourishing and serviceable water such as toast, rice, barley, prune and gum arabic can be used.

Weak black tea, cocoa shells, and slightly acid lemonade may be called for. It is an unsettled question about administering alcohol in the first stages of the disease. In my own practice I never use stimulants except in cases of extreme exhaustion.

Patients over sixty years of age with pulmonary complications I frequently advocate champagne or whiskey given in small and repeated doses.

In cases of typhoid pneumonia complicated with "grippe" I use as a drink a table spoon of whisky to a tumbler of water about a wine glass every three or four hours.

Bathing.—Cleanliness cannot be accomplished except by bathing. A sponge bath should be given during the fever morning and evening, a partial bath, including the abdomen, several times daily, with cold or warm water. Hot water is generally most agreeable to most patients. During the stage of convalescence an alcohol bath should be used every morning, alcohol and quinine ten to twenty gr. to the pint. Salt bath is preferable in many cases where the patient is inclined to coldness.

Take common salt pour alcohol on it, and rub the patient. It leaves the skin soft and no danger of taking cold. On the convalescent great care must be exercised that no exposure of the patient should occur during the process of bathing.

If the patient has well ventilated rooms, kept at the proper temperature, food of the right quality and administered as the nature of the case demands, a nurse possessing good judgment, one that is neat and industrious and looks well for the recovery of her patient that is under her charge. She will be of inestimable value and do more towards the restoration of health than good medication and poor nursing.

TYPHOID AND OTHER FEVERS.

By E. D. AYERS, M. D., Little Rock, Arkansas.

"All fevers are essentially the same disease, differentiated by their various characteristics."—Watson. (Of 1850, before the germ theory.)

"Fever is the effect of specific agents carried by the circulatory system to those structures for which they have a special affinity, where they constantly give off their toxic principle, affecting first the ganglionic nervous system; secondly, the circulatory; thirdly, the organs of secretion and excretion."—Burt.

"In fever the chain of diseased organs consists of the brain and spinal cord. The heart and arteries, especially the capillary extremities. The secretory and excretory organs. The secreting and excreting extremities of those arteries especially that terminate in the external skin.

"There never was a case of fever in which all these organs and functions were not disordered.

"And this complete circle of organs was never morbid without fever. A deviation in one or two circles will not produce fever.

"It must be in the three circles before fever can exist."—Smith.

That there is a specific agent producing each form of fever is fascinating to the etiologist is doubtless true, but I feel neither competent nor called on now to discuss it, not that I fear "getting the shot larger than the target," but space is limited.

The forms of fever most prevalent in my field are of the intermittent, malarial and typho-malarial types. Much knowledge therefore on the other fevers must be borrowed rather than acquired by us.

"Malaria" at present has two meanings, one expressing definite or specific forms of disease, periodic or otherwise; the other a cachexia whose symptoms are due to the individual condition as well as the specific cause. The latter, I believe, is "putting the cart before the horse," the supposed cause being put for the real effect.

Yet there are characteristics in these series of symptoms specific enough to be diagnostic.

Malaria, like the algebraic "X," stands often for the unknown quantity, and many diseases whose etiology or diagnosis are doubtful or unknown serve faithfully under its banner.

Diagnosis has been secured through the aid of *Cinchona*, but every true therapeutist must see the folly of the syllogism, "*Quinine* cures malaria; *Quinine* cured this case, ergo this case was malaria."

These malarial fevers are most intense where heat is greatest, especially if combined with moisture. As we leave the equator, either way, their prevalence and virulence decreases. And in temperate zones they are confined principally to low, marshy places.

Exceptions to these points are numerous and various, so that the study of the habitats of malaria sheds but little light.

They have been found upon the highest mountains whose surfaces have been arid and sterile, while the borders of some rivers and marshes have been most healthful.

While to casual observation malarial fevers have seemed to be among the most permanent they are more or less migratory.

In 1859, the first of my residence here, the prevalent fevers were the intermittent, remittent and typhoid in town, and in the bottoms, pernicious intermittents and "swamp" fever, seu "Hemituria" or "malarial yellow fever" of Atkins. Of this latter, many cases were brought to town for treatment, but I have seen but one that originated in the city. When I resumed practice in 1876 typhoid had been entirely superseded by typho-malaria and a straight malarial fever added to the list. This absence of typhoid remained until the diminution in prevalence and severity of these malarial and typho-malarial fevers, since which it has reappeared and is seen oftener each year and in more perfect type, still lacking in severity and in some other characteristics exhibited in other climes.

In the West Indies medical observers believe they trace fevers from the mild mannered gentle intermittent and remittent, though various types of advancing severity, such as "pernicious intermittent," jungle fever, "swamp" or malarial yellow fever, up to the "specific" yellow fever, which then transmits itself.

Along the docks of the canals of Venice "fungus" appeared which introduced into dwellings produces the most terrible of fevers.

A plant dried has, by its emanations being breathed, produced violent intermittents.

Of malarial fevers the most common and extensive is the intermittent with its Protean varieties and intensity, from the almost imperceptible disturbance to that of the intensest suffering and the greatest gravity and difficulty of management. While we have the typical variety with its three stages we have many cases with only fever and sweat and a few with only the algid stage, with no heat, sweat nor thirst, and regular as the clock in its periodicity. These latter cases yielded promptly to *Aranea diadema* in medium potency although *Quinia* produced absolutely no effect.

Homeopathists of undoubted standing are divided upon the question of treatment of intermittent.

We believe that the preponderance of numbers, and in ability, hold that every case can be cured with the use of infinitesimals under the law of similars. The apparent celerity of the action of *Quinia*, being so often subject to rebate, turning out to be only suppression, not cure, and also affording many instances that it will neither cure nor suppress, and many that it will aggravate. The complaint of the Allopathist is that where it is most needed in "congestive chill" it is not absorbed, the capsules passing per anum intact, so that it is gravely advised by them to use it hypodermatically and in ponderous doses at that. Just why they should always fiddle on that one string is a little amazing when *Alstonia*, *Arsenicum*, *Iodine*, etc., will as surely answer the same and even a better purpose. After innumerable trials I have never known *Iodine* to fail with the African race.

REMITTENT FEVER.

Gastric, bilious, bilious remittent, jungle fever, whether belonging to the family of malarial fevers or not is here with us side by side with the well known malarial fevers, at times in the outset so resembling the continued fevers as to complicate diagnosis, and to the old school men treatment also.

The intensity, and consequently the mortality, is increased by the heat and conditions of torrid zones, decreased by the colder and temperate, so that here it is comparatively a mild mannered and yielding fever, but occasionally giving the physician as lively a little deal as he is asking for.

It is undoubtedly true that many cases of this fever can be "broken up" with *Quinia*, but the effects of the disease and remedy together cause a lingering in the convalescence exceeding the duration of recovery of a genuine Homeopathic cure. Coupling this with the next fact, to be elaborated farther on, that when *Quinia* fails so to "break up" the disease it heightens and intensifies all the symptoms, tending towards malignant instead of benign form, and it is believed there is not much to commend it to the true Hahnemannian.

MALARIAL AND TYPHO-MALARIAL TYPES.

And now to the malarial and typho-malarial forms. In regard to them I have received little if any aid from reading, it being so uncertain or positively erroneous as to leave me to my own resources and experience, which, by the way, for many years here was ample enough. The straight malarial fever differs from the intermittent mostly, if not entirely, in the continuous, unchanging character of the symptoms.

Either may or not be ushered in by chill, gastric disturbance and headache, but the remission does not occur in the typical malarial. Usually there are several days occupied by the prodomal symptoms, so that diagnosis from simple meningitis of the base can be made from the history of the case.

Again it is so sudden and unexpected in its development that "history" has to be made (?) in aid of diag-

nosis, and then, "how handy to have in the house" the "law of cure," while awaiting the diagnostics.

While in exceptional cases there is like in typhoid a morning or night lessening in frequency of pulse and respiration, and height of temperature and even a softening and slight moisture of skin, there is not enough change in either or all of its particulars to constitute a remission proper.

The tongue becomes dry and hard or glazed or mapped oftener than in the typical remittent, and the aches and bone pains and restlessness are more prolonged and continuous. Cerebral symptoms are also more continuous, if not more intense. There may be some little abdominal tenderness, tympanitis, and looseness of bowels, without earning the prefix of "typho."

As remittent may assume a continuous form, so this continuous fever may become remittent, or, as it began, may end in intermittent; or typhoid symptoms may set in to raise the question whether or not it ought to have been classed as typho-malarial "ab initio," and also to verify the doctrine of "fever of changing types."

This form never at any time occurs as frequently as its congener, the typho-malarial, or as the remittent is here, and now very rarely met. Now take this straight malarial fever, add typhoid symptoms, i. e., increased time of prodroma, headache lasting several days, gurgling and tympanitis of the abdomen and diarrhea of drab or ochre color, and you have typho-malarial fever. You will not have the eruption nor the genuine typhoid symptoms in all their prominence and characteristics, but enough of them to constantly call to your mind the whole subject of typhoid fever.

When you first meet this disease, each day you will think the next will reveal a genuine typhoid, but it never quite "gets there."

Prognosis is a matter which it will not do in all cases to pronounce "flippantly upon the end of the tongue."

Time often mellows the judgment upon this point; the constitution of the patient, his environment, climatic and hygienic care and nursing, the faithfulness in which your directions, as well about diet as medication, are carried out, are all factors of prime import in the solution. All favorable, the prognosis may be set down good.

Owing to the irregularities of this fever some thought they would prefer genuine typhoid, were they allowed to choose, but the nearer relation cases have borne to typhoid in later years the graver the disease has turned out to be.

Treatment.—And now the treatment. I desire first to prescribe to the physician hope, poise and fortitude; that is to say, coolness, deliberation and courage.

These are inspired, strengthened and sustained by confidence in the law of similia, supplemented by proper diet and nursing.

In the midst of endemics of these diseases, lasting through five long, hot, dusty, weary months, as we had here for several years, when private residences resembled hospitals, when any physician of fair prominence would visit from twelve to twenty fever cases per day, that man who was without hope and confidence in his system but who struck out blindly in the dark had my sincere commiseration.

On the other hand, when our path was crossed many times per day by the black-plumed hearse, and the question, Whose funeral is that? as often came, it was a great comfort to be able to say: "It is none of mine."

It would be like playing Hamlet with the prince omitted to describe the treatment of these malarial fevers without allusion to that king of remedies, *Quinine*. I believe I gave it a full, fair, and exhaustive trial, and that experience fully coincides with the opinion of the commission that experimented with fevers in India, viz: that in those forms of intermittent, remittent, and a few cases of malarial fever, where the disease may be aborted, "broken up," it is all very well; but in all continuous fevers, where it fails in that purpose, it has injured the cases, increased the severity and duration, hence the mortality.

Some weeks out in the case its use seems devoid of good or ill effects. I gave it for many reasons. First, to satisfy myself of its powers as also its limitations; again, to meet the popular demand, and again to demonstrate its futility.

My conclusion is that sooner than exhibit it upon the threshold of what appears to be a continued fever I would abandon the case.

When a malarial fever terminates as it began, in pronounced intermittency, and seems slow and uncertain in its progress under the indicated remedies, you may speed the parting guest with *Quinine* and a good Homeopathist may be excused for thus empiricising, occasionally, but not often.

The idea that we cannot expect to be more successful with old school methods than that school itself precludes the temptation to resort to them. "Use the indicated remedy according to the law of similars" is as binding in fevers as elsewhere in the field of medicine, and precludes the necessity of detailing the treatment.

And yet there are practical points and hints in all trades and professions not found in the books. This is especially true in these malarial fevers.

The books leave us to fish out of their treatment of remittent and typhoid whatever we may conclude to be applicable to each case, and are nearly silent as to these specific fevers.

At the outset there seems to be a demand for antidotal remedies, chief among which is *Baptisia*. I have found it to benefit nearly all cases with bad breath, continued fever, not modified by the indicated remedy. A few drops of mother tincture or 1x in half a glass of water, teaspoonful at a dose. And I have gone back to *Baptisia* again and again in the same case and often found it the sheet anchor.

There are cases, of course, where the other symptoms of remedies besides the breath are so pronounced as to compel their use. There is a breath if not more foul than the *Baptisia* or *Mercurius* or *Podophyllum* breaths, more pungent, stronger and it pervades the room and house, more. If accompanying this "hen roost" breath there is intense thirst with refusal to drink because all liquids taste so bad, you need not wait for the keynote of "eructations smelling like spoiled eggs" and the characteristic of "hot head and the rest of the body cool" to witness the most brilliant and profound and enduring effect from *Arnica* in moderate potency.

Bryonia, always in medium or high potency, seemed at times to be the veritable "genus epidemicus."

Rhus tox comes to the relief when stupor has not been lifted off by *Baptisia*, restlessness, especially if of fore part of night, added to the stupor being sufficient to fix the choice.

Lycopodium looms up into great importance in

some of the worst conditions, tympanitis or borborygmus, incarcerated flatulence and great prostration being the indices. It must be used in a high potency and not too frequently.

Sulphur given in the same way helps out many times in cases when there has been no sweat from the beginning.

In cases of much sepsis I have experimented with *Chlorate of Potash*, ten grains in half glass water, teaspoonful doses, and tincture of *Iodine* for their supposed effects as antidote, also with *Chlorine*, prepared ofter Watson's formula, which he testified and which proved out to be of much benefit in scarlet fever, with seeming benefit; and were I forced to choose I would prefer that to the *Quinia, Arsenic* and other old school methods, although it is claimed that *Quinia* is an antidote for all malarial poisons.

Aconite, where there is merely hot, dry skin, wiry, or hard, or full pulse.

Arsenicum, where there was great restlessness, waxy or puffy face, continued diarrhera and great debility.

Belladonna, Hyoscyamus, Stramonium and *Helleborus* for cerebral complications; *Muriatic* and *Nitric acid, Carbo vegetabilis*, in great debility, with bad bowels; *Bryonia, Phosphorus, Sanguinaria* and *Chelidonium* in lung complications, sustained their well earned reputations, when chosen with care, after the law. Alcohol was occasionally indicated therapeutically, but was not relied on as a means of sustenance as it so extensively is by the old school.

An elevation of temperature of two or three degrees may be borne a long time, but when it mounts up seven or eight degrees life is endangered for the hydro-carbons are then rapidly consumed, as animal heat, normal or abnormal, is the result of the combustion or oxidation of these substances.

Reduction of temperature is therefore of great importance in all fevers.

It is probable that the deeper capillaries constitute the heat producing area, as the cutaneous capillaries the heat loosing area.

The temperature, then, will be governed by the amount of blood in one or the other of these areas, and this controlled by the vaso motor nerves of the sympathetic and the vaso-inhibitory of the cerebro-spinal system, the one contracting and the one dilating the blood vessels. Here is the reason that *Aconite* is the "Homeopathic lancet," and also why *Gelsemium* is of such great value in some of these cases, and also the reason that the nervous symptoms are of the utmost value in seeking the similimum for all fevers, especially in typhoid. We also see why tepid water is more effectual in reducing temperature by the bath.

Diet.—The diet must be as carefully chosen as the medication. It must be such as will not increase temperature nor irritate the digestive tract. It must meet the loss of the carbo-hydrates, be comforting and prevent tissue waste and loss of vitality. In this, too, individualizing must have perfect play. In many cases the tissues and blood are rapidly consumed and death by inanition must be forestalled. It is safe and wise to assume that digestion is impaired in all fevers. The secretions are diminished in quantity and altered in quality. The saliva is less, in some cases absolutely absent, or its active principle, ptyalin, decreased or vitiated, so that the conversion of starch is partially if not entirely suspended. So the stomach digestion of starch is lost, as also its power of secreting pepsin, so essential in digestion of the animal proteids. In high fevers no peptones are furnished.

In some cases instead of gastric juice of free acid reaction we have a fluid loaded with mucous, neutral or alkaline. The irritability of the mucous membrane of the gastric and intestinal tract, also the atonic condition of the muscular coat of the stomach, all influence unfavorably the process of absorption, particularly of the peptones. It is therefore imperatively demanded that we prescribe the blandest substances and in small quantity. *Solid food is to be absolutely proscribed.* It not only acts as an irritant, but a metabolism may change it to a noxious blood poisoning agency.

Among all articles of nourishment the most important is water.

The presence of intense thirst is nature's demand for what it most needs. There is no harm in it unless too large quantities are taken at one time, and no harm in its being cold, unless lung complication is severe. At times ice and ice water are the only things tolerated. It aids in reducing temperature, promotes diaphoresis, increases the secretions and excretions of the glandular system, especially of the kidneys, and furnishes largely the tissue salts. It should be pure and fresh and offered frequently where there is no longer consciousness enough to call for it.

Next in importance are the carbo-hydrates. Their easy oxidation prevents tissue waste, and they meet the loss produced by their combustion by keeping up the extra heat.

In prolonged cases a due proportion of proteids must be supplied. It seems useless to attempt to supply the waste of albumen.

The ordinary soups from the cereals, such as barley water, contain the water, the carbo-hydrates, proteids and tissue salts, hence all essentials of a fever diet in the beginning. Sweet milk, sometimes qualified with lime water or soda water, as also buttermilk, affords agreeable change. Horlick's Malted Milk is excellent.

Fruit juices, elegantly represented by the "grape milk," are often an agreeable and beneficial change. They contain a minimum amount of the proteids, more carbo-hydrates, and free acids and salts.

Meat juices, nicely furnished in "Bovinine," while irritating so long as the skin is hot and dry, are admissible when there is perspiration, and required in cases of debility.

Wines, brandies, coffee and beef tea, all have their advocates.

Where a stimulant may help for a day or two I prefer beef tea, but as a diet it is a delusion and a snare, containing next to nothing of carbo-hydrates, albumen or proteids, little besides the flavor of the meat and salts of potash.

In typhoid fever you must reverse the frontiersman's advice: "If you see an Indian be careful; if you don't see one be d—d careful." "If you don't see it is typhoid be careful; if you do see typhoid be d—d careful!" You can't get the same benefit with the antidotal remedies with the paucity of indication that you can in "typho-malarial," but you must find the true similimum, at least after the first week out. You must be keener in diagnosing the similimum, as you cannot indulge in alternation. If you can find the best similimum from the nervous symptoms you will do best with these cautions; the treatment and regimen of typho-malaria applies to typhoid.

Many years ago, while still an Allopathist, I dis-

covered that the wet sheet pack was worth more in typhoid fever than all else in Allopathy, and I see now their chief reliance is upon baths, although they do not use them in the most approved manner.

THE TREATMENT OF TYPHOID FEVER.

By T. G. VAWDREY, L. R. C. P. Lond., Plymouth, England.

The normal duration of an attack of typhoid fever in an adult is from twenty-eight to thirty days. In children the disease often runs its course in from fourteeen to twenty-one days. Relapses or a recrudescence of the disease are of frequent occurrence. To what extent may this natural tendency of the disease be modified by treatment? It is the object of the following observations to furnish a reply to this question.

After many opportunities, extending over a period of twenty years of comparing traditional or Allopathic with the Homeopathic treatment of typhoid fever, I am satisfied that the best results are obtained by the latter. The attempt to combat every manifestation of the disease by administering its physiological antidote seems to me to be not merely irrational but philosophically absurd. I have never yet seen any good result from the exhibition of *Antipyrin* to reduce the temperature, neither have I observed any benefit from the administration *Catechu, Opium* or *Chalk Mixture* to check the diarrhea. Why should the diarrhea be forcibly suppressed? Surely it is far better for the patient that a typhoid stool should be in the bed-pan than in the colon. By the administration of the proper Homeopathic remedy, combined with suitable diet, in a large majority of cases there is a gradual subsidence of all the symptoms and a coincident return to health.

Treatment.—I have found *Arsenicum*, 3x, most efficacious throughout the disease. For the delirium, when the latter is a prominent symptom, I have been accustomed to rely upon *Belladonna* 1x, or *Hyoscyamus* 1x, and I can state from actual comparisons, that I have found these medicines more efficacious for the purpose than *Bromide of Potassium* or any other nerve sedative with which I am acquainted. For hemorrhage I have found *Hamamelis* 1x, or its distilled extract, *Hazeline*, "a very great help in time of trouble." I have not known *Acetate of Lead* to succeed where *Hamamelis* has failed. Towards the end of the disease, in the fourth week, when the temperature tends to become normal in the morning and only slightly raised in the evening, I have been accustomed to give *Acid muriaticum* 1x. If the symptoms do not clear up satisfactorily I substitute *Chininum sulphuricum* 1x, for the *Acid muriaticum*. I am assuming that the case is one of simple, uncomplicated typhoid fever occurring in an adult.

To go into the treatment of the various complications and sequelæ of typhoid fever would occupy more space than I think the editor can spare.

Diet.—I lay the foundation on milk. An adult will require from two to four pints in the twenty-four hours. But I watch the stools carefully to see that the milk is really assimilated aud does not pass off in the form of undigested curds, aggravating the diarrhea in its transit. Where the latter occurs I dilute the milk with an equal quantity of barley water or rice water. Next to milk I depend upon freshly prepared broths—chicken, veal, mutton or beef. I have found them digestible in the order given. One pint of broth and two pints of milk would be an average day's allowance for an adult. I believe much harm is done by stuffing patients with food when the blood is already surcharged with the products of retarted metabolism. The patient may drink water *ad libitum*, and the water is, for some, made more palatable by the addition of a few drops of lemon juice or lime juice. A little variation of diet may be secured by substituting *junket* and *jelly* for the milk and animal broths, but there should be a speedy return to the latter.

Bathing.—I have seen patients subjected to the cold bath with the object of reducing temperature as one might plunge a bar of red hot iron into water with the same object. I think I have seen the temperature go down a degree or two at the time, and I am sure that I have seen it go up again very shortly afterwards. Cold baths seem to me to be too violent a shock to the system of a patient reduced by typhoid fever. On the other hand, the comfort of the patient is greatly increased by sponging the body with tepid water. This can certainly do no harm, and it must do good in so far as it renders the patient comfortable and so conserves his vital force.

General.—I keep the window open at the top night and day. I have the stools disinfected and removed from the sick room as soon as passed. I do not give stimulants in the case of children, but I do give them in adult cases where milk and broth are not digested and the patient's strength is failing. I prefer brandy suitably diluted, and I judge of its effect by observing the condition of the tongue. If the latter keeps moist stimulants are tolerated; if it becomes dry and parched, the stimulant should be withheld.

There is nothing very original in the above observations, I am well aware, but they are derived from my own experience and are not simply compiled from that of another. Such as they are they are placed at the editor's disposal for the criticism of the many readers of the Medical Century. This is the time of year when we expect typhoid fever to be prevalent, so the present discussion is likely to be both interesting and profitable.

PERSONAL EXPERIENCE IN THE RECENT EPIDEMIC OF TYPHOID FEVER IN MONTCLAIR, N. J.

By CLARENCE WILLARD BUTLER, M. D., Montclair, N. J.

I have confined my paper to a record of personal experiences in this epidemic, because the principal points of interest in respect of its cause, history and general course have been ably, faithfully, and perhaps with sufficient fullness, chronicled by Dr. Richard C. Newton, in the *Medical Record* of June 9, 1894.

I earnestly recommend a careful reading of Dr. Newton's paper which is full of interest and instruction. I may not here, as I had originally intended, present a resume of it, and shall refer to only one paragraph therein. The doctor says, in closing his article: "Of the total number of cases reported, 33 were treated by Homeopathic practitioners, and their reports show a total mortality of 8, or 20 per cent.* The number reported by the regular practitioners was 76, with a mortality of 6, or 7.8 per cent."

Through Dr. Newton's kindness I have been permitted to consult his tabulated statement of all reported cases, and thus to analyze the above figures. For reasons sufficiently obvious, I have hesitated to

*[Note.—Eight fatal cases out of thirty-three is 24 per centum of mortality according to the arithmetic of this office.—Ed. Century.]

publish the results of this analysis, nor should I do so now except that I have been urged by many physicians in our school of medicine to make explanation of the unfavorable showing for Homeopathy in this epidemic.

Now we who are Homeopathic physicians recognize the fact that, while the Homeopathic profession is one in its devotion to the material interests of the school and in the friendliness and courtesies of professional intercourse, that in methods of practice we are divided into strict, or Hahnemannian, and liberal, or Eclectic Homeopathists.

Without entering into explanation of that which is well known to all, it may still be wise to emphasize the fact that the methods in practice of these two branches of the Homeopathic profession differ so widely as to deserve separate consideration by the statician. Recognizing this, (and adding one case not previously reported to the Homeopathic list), the statistics of this epidemic should be recorded thus:

Number of cases treated by the old school of medicine, 76, with a mortality of 6, or 7.8 per cent; number of cases treated by strict or Hahnemannian Homeopathists, 18, with a death loss of 1, or 5.5 per cent; number of cases treated by liberal or Eclectic Homeopathists, 36, with a death loss of 7—a percentage so appalling as to arouse at once suspicion as to the reliability of the report—19.4 per cent.

That seven deaths from typhoid fever were so reported is true.

In justice to the attending physicians, however, it should be stated that two cases, after having been seen by a physician two and three times respectively, were transferred to the care and treatment of a clairvoyant and remained under such care for some days, obviously without the dietetic and sanitary restrictions so imperative in this disease.

I suppose no statician would regard the death of these patients as militating either for or against the utility of any subsequent methods in treatment. Again, two others reported as dead from typhoid fever, in all probability, one of them certainly, never had typhoid fever at all.

Painful as it is to make this statement it seems to be imperative under the circumstances.

I leave these figures without further comment or explanation and proceed to the record of my own cases.

I saw in all twenty-four cases of the disease. Of these, two went into the hospital, old school, and received Allopathic treatment; two were, after one visit, placed in the hands of another physician and two, after two and three visits respectively, were transferred to the care of a clairvoyant and subsequently to another physician.

One was the patient of my friend Dr. Geddes, of Glen Ridge, N. J., and under my care for a short time only during her absence from home. I make no mention of consultations. Seventeen were under my care throughout their sickness, and of these a tabulated statement is here presented.

In a general way the sanitary care of these patients did not differ from that usual to such cases.

The only point which I mention is that alcohol was freely used over all ejecta. Where the bed was soiled, or the person of the patient fouled the cleansing was done with alcohol and water in equal parts. The stools were immediately covered with alcohol and buried (coperas water being used in the trench at the request of the local health board.)

Even the sordes removed from the mouth and the sputa, when not immediately burned, were alcoholized at once. Whatever may be the contagium of enteric fever (or of diptheria and scarletina), I believe *Alcohol* to be its most efficient annihilator. Milk was the food universally employed, even where it was distasteful to the patient. If, as it happened in some cases, the presence of curds in the stool indicated partial indigestion, the flour ball prepared and used as for "bottle" babies, was sufficient to correct this condition. Exact regularity in the administration of all food was invariably enforced. Where cardiac weakness was evident, especially in the later stages of the fever, meat essence or extracts were alternated with the milk, or, at times, substituted for it.

No.	Name.	Age.	Sex.	Occupation.	Course.	Duration.	Complications and remarks.	Diarrhea.	Constip.	Result.
1	L. B.	25	F.	Musician	Moderate	4 weeks	None	Present	Yes	Cure.
2	N. R.	40	F.	Servant	Mild	"	"	"	"	"
3		20	F.		Moderate	3 "	Tedious	Present		"
4	J. S.	38	F.		Mild	5 "	"	"		"
5	H. P. L.	8	F.		"	3 "	Diarrhea excessive		Yes	"
6	E. P.	20	F.	Clerk	"	3 "	None		"	"
7	Mrs. C.	30	F.	Housewife	Moderate	4 "	Peritonitis		Yes	"
8	C. K.	4	M.		"	4 "	None	Present		"
9	N. K.	15	F.	School	Mild	2 "	"	"		"
10	A. C.	13	F.	School	"	3 "	"	"		"
11	F. E. R.	48	M.	Merchant	Severe	4 "	Yes, vide report	"		Death.
12	F. E. R., Jr.	24	M.	Clerk	"	2 "	" "	"		Cure.
13	H. R.	10	M.	School	"	2 "	Reinfection	"		"
14	J. B.	20	M.	Student	"	4 "	None	"		"
15	M. C.	8	F.	School	"	6 "	Pneumonia	"		"
16	A. C. C.	25	F.	Housewife	"	8 "	Many, vide report	"		"
17	F. W. H.	22	M.	Student	Mild	3 "	None	"		"

The London Manufacturing Company's essences (of beef, mutton or chicken) were used in preference unless the condition was severe and alarming when Wyeth's proved more sharply stimulating and in consequence more efficient. All drugs were selected upon purely Homeopathic indications; in all cases

the single remedy was employed, usually the single dose and the higher and highest potencies. In only one case was a remedy employed upon other than Homeopathic indications (Brandy *vide infra.* case 13.) It was to me a somewhat remarkable fact that not a single case called for *Baptisia*, There seemed to be no remedy suited to the *genus epidemicus*, or perhaps I should say there was no *genus epidemicus*. Of four cases in one home no two called for the same remedy.

Cases 1, 4, 6, 8, 9 and 17 as indicated in the accompanying table, require no special mention. They were of moderate severity only, without dangerous complications, and more or less typical in their course.

Case 2.—N. R——. In this case the fever left at the end of the second week and a few days later the the patient returned to her home in Massachusetts. Here she suffered a mild relapse from which she quite recovered in due time.

Case 3.—A servant girl, after a mild attack, went to friends in New York and without further treatment gained her ordinary robust health.

No. 5.—Little H. d'L——, had the most persistent diarrhea with the most frequent stools that I have ever seen in this disease. The thermometric, curve was quite characteristic, but aside frem this, few symptoms were determinative from a diagnostic standpoint. It is the only case which, in my judgment, may be marked doubtful. The character of the stools, the time of termination of her sickness and the course of convalesence, together with the thermometry of the case, seem however, to make the diagnosis comparatively certain.

Case 7.—Mrs. C. was a large, very fat woman, whose habits in eating and drinking had long been very irregular. She was pursued almost from the onset of her sickness by troublesome, and at times, even alarming nausea, with vomiting. It persisted, only partially controlled at times, throughout her illness, and even during her convalescence. I am frank to say that my treatment seemed wholly futile in so far as this symptom was concerned, nor can I yet understand how she lived for weeks upon the small amount of nourishment she retained, and finally made a complete and rapid recovery. The case is remarkable to me also because it was complicated with the only case of peritonitis not dependent upon perforation, which I have ever seen in enteric fever. Near the end of the second week I was called in the night to see her. Her stomach had rebelled against her food (milk) all day, but otherwise her condition when I saw her at nine P. M. was good; the pulse rather fast, one hundred and twenty (which I attributed to the irritable condition of the stomach and lack of food), temperature 102.6, mind clear, and bowels, as they had been throughout and continued to be, constipated. Now at one P. M. she lay upon her back, her knees drawn up, the whole abdomen sensitive to the slightest pressure, with severe, sharp pain therein from motion. Her face was flushed, pulse full and very rapid, tongue coated white (unchanged from former condition), temperature 104.3. *Belladonna*, followed thirty-six hours later by *Bryonia*, afforded relief from the active pain, but the sensitiveness of the abdomen, though much modified, did not entirely disappear for several days. The further course of her disease was uneventful.

Case 10 was remarkable only because the disease made its appearance twenty-seven days after the last imbibition of the infected milk,—a notably long period of incubation.

Case 11.—F. E. R. I anticipated trouble with this case from the beginning for several reasons, nor were my fears groundless. In the first place, he had had business worries for the last year; again, his wife and youngest son had recovered hardly two months before this time, from diphtheria, severe cases both, and threatening for days a fatal issue, especially in the case of his wife to whom he was devotedly attached, and again because he took his bed the day after the death of his oldest son, although fever had already been present for several days. A detailed report is out of place in this connection. Let it suffice that in spite of constant watchfulness on the part of one of the most competent and careful nurses I have ever known, and of remedies selected after repeated examinations as carefully as was possible to me, his condition grew slowly, but steadily worse. The most docile and tractable of patients, with but moderate delirium, with typical but not severe abdominal symptoms, with a temperature never high, still day by day the evidences of progressing excessive nervous exhaustion were more apparent and alarming. Toward the end of the three weeks he lay on his back in bed, continually sliding down toward the foot board. The subsultus which had been present from an early period, had given place to an almost constant trembling of the arms and legs, stools involuntary, small, dark with occasional small clots of dark blood; tongue dry, cracked; much sordes accumulating on teeth, and lips; muttering delirium from which he could be roused only partially and with difficulty; speech unintelligible. His pulse was very rapid, small, thready and at times intermittent. A little before midnight he sprang suddenly from the bed, struck the nurse, who rushed to restrain him, swore violently at her (he is never profane in health), and shouted loudly and distinctly for his wife. When I arrived at his bedside, the efforts of his wife and the nurse had quieted him and he was thoroughly exhausted. He received a dose of *Belladonna*. The next day his condition was unchanged. The next night at about the same time this experience was repeated except that the nurse being prepared and his wife present, he was sooner controlled. I saw him soon, certainly not more than fifteen minutes after. He was lying on his back, his hands trembling, so that it was impossible to count his pulse although its character could be determined. It was at times full and slow, at times fast and small, and always itermittent. His breath would grow slower and fainter till it would stop as if it was never going to start again, then start suddeuly and after several very quick superficial breathings become gradually more regular, slower and fainter until after about two minutes he would again stop breathing and the above phenomena be repeated (Cheyne Stokes breathing). His pupils were moderately contracted and exceedingly sluggish, though not insensible to light. The posterior cervical muscles were tense and his head drawn back into his pillow. He now received a dose of *Opium* (c. m. Fincke). Improvement was perceptible within a few minutes and an hour later I felt justified in leaving him, he was so much better. From this time he steadily and quite rapidly improved without repetition of the dose or change of remedy, until in the fifth week when convalescence was well established, another remedy was called for.

The fever ran another week, however, and convalescence was tedious though not eventful.

Case 12 was the only fatal case. F. E. R., Jr. had had in early life several attacks of inflammatory rheumatism, the last ten years ago under my treatment. These had left him heart trouble, mitral insufficiency, for which I had prescribed from time to time for these ten years. Although all murmur had long since disappeared I had never been able to get his pulse to normal condition and frequency. The heart beat was always sharp, "snappy," and although have frequently counted his pulse in health, I have never found it below 95 beats per minute. The onset of the typhoid fever was marked by severe cerebral symptoms, cephalalgia, throbbing carotids, flushed face, starting eyes, mania, high temperature (104), etc.

A dose of *Belladonna* controlled this coudition within a few hours, and his disease thereafter was quite a typical case of cerebral typhoid till the end of the second week, when his pulse became quite small, weak and intermittent. He died suddenly on the fourteenth day from heart paralysis.

Case 13.—H. R—. This case was interesting for three reasons principally. First, because he had had a severe attack of diphtheria a little less than two months before this, and was at the time of the attack of typhoid still suffering from post-diphtheritic paralysis (partial of course) of the legs. Again, because of the fact that after a mild but characteristic run of three weeks his fever "broke" and convalescence seemed thoroughly established, but after a week of intermission, it returned and again ran a typical course to leave him again, and finally at the end of another three weeks, a clear case of reinfection; and lastly it was notable, because in my experience with the epidemic it was the only case where anything was administered for medicinal effect than the Homeopathic remedy. During the seventh and eighth weeks of his sickness, the last of his fever and the first of convalescence, signs of cardiac weakness were marked, and beside the usual beef extract and other stimulating diet, I directed that when the extremities became cold and the pulse irregular he should receive half teaspoonful does of brandy (in water) at frequent intervals until the pulse became more full and regular. Since the alcohol is so quickly eliminated from the system and it was necessary to trust to the judgment of the nurse, this course seemed to me much safer than frequently repeated doses of a remedy which must, under the circumstances, be chosen on probabilities. The results were satisfactory and the lad's recovery very rapid all things considered, after the eighth week.

J. B. (No. 14) was the most typical case of all, especially in respect of the thermometry of his sickness. The distinct morning remission and the thermometric curve were like a theoretical chart of this disease. The case was quite a severe one but without complications or points of especial interest.

Case No. 15 (M. C.) was complicated by pneumonia, which developed during the third week and which yielded somewhat slowly, but completely, to *Lycop.* Though a trying case to the attendants, including the physician, it need not detain us in this connection.

No. 16.—Mrs. A. C. C. developed the fever six days after her confinement, which was tedious and severe, with instrumental delivery (Primipara), a long retained afterbirth, and a partial rupture of the perineum. The case was tedious in the most trying degree, and with complications almost without number. No adequate report can be given, however, within the necessary limits of this paper.

TYPHOID FEVER.

By H. R. STOUT, M. D., Jacksonville, Fla.

ex-president southern homeopathic medical association; president board of homeopathic medical examiners.

Your request to write an article on typhoid fever finds me with a dearth of material, for which I have no excuse, except a want of cases on which to base experience. True enteric fever is a comparatively rare disease in this portion of Uncle Sam's dominion. The State Board of Health reports for the six months from January 1st, 1894, to July 1st, 1894, but thirty-eight deaths from typhoid fever out of 1,900 deaths from all causes in the State. It is reasonable to suppose that some of these were typho-malarial fever, for I have frequently observed that physicians were pronouncing cases to be typhoid which were exactly similar to cases that I was treating, which were only remittent fever, with perhaps a few typhoid symptoms. I rarely hear of a case that runs the course of enteric fever, and still more rarely do I have one.

An Allopathic physician of this city boasts that he always cures his cases of typhoid fever in ten days, which assertion, especially from an Allopath, is quite sufficient to stamp his statement with a strong suspicion of doubt.

The remedies that I find of most value are *Bryonia, Rhus tox, Gelsemium* and *Arsenicum.*

TYPHOID FEVER, ITS TREATMENT, MEDCAL AND HYGENIC.

By J. B. WESCOTT, M. D., Goodland, Indiana.

In a typical case of typhoid fever, a large room with plenty of air and light, perfect quiet and isolation from any outside influence is the first requisite. Having the above in full measure, the next requisite is the indicated remedy. My observation and experience teaches that in the majority of cases this will be *Bryonia, Nux vomica, Rhus tox.* and *Arsenic.* These will be the grapnels to throw out to prevent drifting on a lee shore. Another is a grand remedy, often aborting the disease. I refer to *Baptisia.*

A daily flushing of the colon with cool water is very desirable and efficacious. Added to this a wet compress over the whole abdomen is a very grateful adjunct, and frequently during the day sponge baths of tepid water over the whole body administered beneath the bed clothing. The above regimen, if adhered to, will shorten the duration of the attack very much. I have had very many cases and never yet met with a loss, and never had a case go beyond the twentieth day with the fever unbroken.

The danger in typhoid is in the physician lacking in continuity of purpose and not adhering to the drugs above indicated.

In regard to diet, milk I have found to be the best. It is during convalescence the most unceasing vigilance is to be exercised in the matter of diet. If the nurse be negligent and allow the patient to over-eat a relapse will follow and the prognosis will be unfavorable in the extreme.

Dr. P. H. Keyser, a recent graduate of Chicago Homeopathic Medical College, has located at Kenilworth, Ill.

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C. E. FISHER, M. D., - Editor,

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W. A. DEWEY, M. D., New York.

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THE AUTUMNAL DISEASES.

With the approach of cooler weather we are confronted by a change in character of diseases we are called upon to treat and the autumnal disorders are upon us. Already there are indications in the neighborhood of the great lakes of the early presence of fall dysentery, autumnal fevers, catarrhal affections and rheumatic conditions incident to warm days and cool nights. We are almost justified in suggesting that present indications point toward the incoming of continued fevers and typhoidal conditions, and, therefore, the study of the treatment of ailments due to the change from summer to fall may not at this time be altogether inappropriate.

AUTUMNAL DYSENTERY.

Fall dysentery is a disorder of no mean import. In the south and southwest, in malarious regions especially, it forms one of the chief bugbears of the practitioner, and throughout other sections also it is, in many seasons, a troublesome disorder. Sudden suppression of the perspiration, abdominal shock, due to rapid cooling of the skin and the absence of protective flannels, the invasion of the system by various forms of bacilli found in water which has become impure during the summer, and many other influences, tend to cause this disease. Its characteristics are familiar to us all, and its treatment is not altogether without order and system.

Of course most of us would commence the treatment of acute dysentery, attended as it is with fever, pain, tenesmus, hot, dry skin, thirst, anxiety and the frequent discharge of small, slimy stools, more or less tinged with blood, with *Aconitum.* But in our experience *Ferrum phosphoricum* has cured a larger number of cases than *Aconitum,* simply because most of them are not acute enough for the former remedy. *Aconite's* cases will be ushered in with a chill, and the fever will be a marked symptom. *Ferrum* has a a less positive pyrexia, none of the smyptoms are as acute as those of *Aconite,* though much on the same order, and there is more blood. This remedy should always be thought of, no matter what the disease, when bloody discharges are a symptom. *Ferrum* has less headache than *Aconite,* less thirst, less restlessness and less mental apprehension.

If the nights are very cool while the middle of the day is hot, as in summer, *Bryonia* and *Colchicum* are to be thought of. The latter remedy has more of the jelly-like stools than *Bryonia,* has a peculiar shivering about the rectum, the pains are more of a pinching character and there is more of tenesmus. In some instances there may be almost a *Colocynthis* colic with the dysentery. Ordinarily *Colchicum* might not be thought of, but if the autumnal changes are very marked it should not be overlooked. *Bryonia* has its aggravation if the weather becomes warmer after having been suddenly cooler, changeable weather causing its bowel disorders. Its stool is copious, papescent, green, always worse from motion; the patient can be fairly comfortable if he will keep painfully quiet, but the minute he moves there is desire for stool. Blood is not much of an attendant upon *Bryonia's* conditions, but it follows, as does greenish or brownish mucus, in the course of the case. Its action usually comes on early in the morning, or, more properly, soon after the turn of the night.

Mercurius solubilis is indicated in the "grey dysentery" of the laity, and *Mercurius corrisivus* in the typical "bloody flux," where there is more blood than mucous and lots of straining. The *solubilis* and *vivus* have this also, and the *solubilis* is put down as having a never-get-done feeling. The characteristic *Mercurius* tongue belongs to all the mercuries. It is flabby, white, or greyish, the imprints of the teeth show plainly on its edges, and the taste is brassy or metallic. With the *corrisivus* there is usually much tenesmus vesicæ, although this may not always be present. The characteristic differentiation between the *corrisivus* and the *solubilis* lies, with us, in the character of the stool more than anything else, the former presenting more blood and jelly-like mucus, the latter more of the greyish frog spawn stool.

Aloe has a place in the treatment of fall dysentery the stool occurring in the early morning, driving the patient out of bed, the straining being very marked. There is the characteristic feeling of weakness of the rectum, with prolapse, and a lack of confidence in the tone of the sphincters. *Aloe* has loud gurgling in the abdomen, even though the stools be small and dysenteric. It has a good deal of prostration and weakness, and there is likely to be hemorrhoids, attended with swelling and aching or soreness of the hemorrhoidal inch.

Dulcamara is another remedy which has been found very useful in treating dysentery arising from the taking of cold. The condition is a catarrhal one of the colon, and when this remedy is called for there

will generally be other catarrhal symptoms, accompanied by aching of the long bones, soreness of the muscles, coryza, frontal headache, etc.. *Kali bichromicum* has somewhat of a similar picture, but the *Kali* stools are of clear mucous, long strings of mucus, jelly-like, or are brown and frothy. They are generally of a gushing character, occur early in the morning and the patient's tongue is red and shining, smooth and cracked. Bell says that the strong indications for *Kali bichromicum* are the characteristic tongue and the gelatinous stools.

Iris meets the demand very often in the so-called "bilious dysentery" of the autumnal season. Its stools are greenish, mucous, frequent, not large but exceedingly scalding. Stool feels as if from a cauldron. *Iris* has nausea very marked, and attended by a peculiar greasy taste. This greasy taste and burning are *Iris*' characteristics.

Ipecac comes very near being an "empirical cure-all" in some forms of the trouble. There is blood, mucus, straining, nausea to fainting and exhaustion, with all the relaxation that belongs to this drug. When the stools are very bloody, the bright red blood predominating, *Ipecac* is a remedy to be considered whether nausea be present or not.

None of us will be likely to overlook *Nux vomica*, that polychrest of polychrests, in dysentery, when the subject is the regulation hemorrhoidal, sedentary subject, or when the disorder is the result of debauchery or high living. In old smokers, constitutional drinkers, inveterate scolders, in men out of hitch with the rest of the world, or in women who have never been in hitch with it at all, *Nux vomica* should not be forgotten. Straining, changeable stools, peevishness of disposition, aggravation from draughts of cold air, hemorrhoidal complications, etc., will be the indications calling for its use.

Of course it has not been attempted to give exhaustive indications for remedies nor to cover the entire field; but simply to call attention to a few reliable medicines in the treatment of fall dysentery and to thus arouse interest in the subject of treatment of this autumnal disorder and excite criticism and comment.

AUTUMNAL CATARRHS.

In the catarrhal colds of the fall *Dulcamara* has long held first place in our practice. There is chilliness to marked degree, almost the *Eupatorium* aching of the long bones, sneezing, shivering, intermingling of heat and chill, and a general coryza lot of symptoms. *Camphora* will often thwart what will call for *Dulcamara* later, and *Dulcamara* will often modify what will need *Nux vomica*, or *Bryonia* or *Mercurius* later. Where we used to use *Aconitum* with varying success we have learned to use *Dulcamara* with almost certain success.

Arum tryphyllum will meet those cases that have coryza to excess, and *Allium cepa* will vie with it in this condition. The *Allium* case has a more watery coryza, and it is hot and burning, though not as excoriating as that of *Arum*. The suffusion of the conjunctiva and nasal membranes will suggest *Allium*. The excoriation will make you think of *Arum*.

Mercurius vivus meets a certain class of cases, always worse at night, cold generally taken at night, the coryza is thicker and more pus-like, and the frontal headache is not so marked in cases calling for it as is the aching of the whole skull. *Kali bichromicum* meets the engorgement of the frontal sinus, with its attending feeling of intolerable meanness, better than does *Mercurius*, and its coryza is not as watery as that of *Allium* nor as yellow as that of *Mercurius*. It is a clear, viscid coryza, a long, drawn out, very stringy mucus discharge.

The combination represented in *Mercurius jodium cum Kali jodium* is a valuable remedy in autumnal catarrhs, and for a while was more extensively used in Homeopathic practice than now. The tendency is again toward differentiation, diagnosis in the use of remedies, as in the classification of diseases, and therefore there is less of the routine prescribing for colds, as for other ailments, than a few years ago. But where there is burning of the nares and fauces, with a hot, scalding coryza and some soreness of the throat and post nasal passages this remedy will serve good purpose.

And here again we will have to fall far short of giving anything like a full resume of the drugs that will be found useful in the autumnal catarrhs. But perhaps enough has been outlined to help someone on his way and to bring out better thoughts from practitioners who are not so overwhelmed with multiparous duties as is our Mr. Editor.

AUTUMNAL FEVERS.

The typhoid fever articles appearing in this number will tell the story for this disease. But there are fall remittents and catarrhal fevers not coming under this head that may, with profit, be referred to just here.

Gelsemium is being found to be an unusually effective remedy this fall in our work. The fever is worse toward night, there is a good deal of aching of bones and muscles, but not the intense aching of *Eupatorium*, and the headache is quite severe, involving, principally, the back of the neck and occipital region. The restlessness is marked, but not as marked as in the *Rhus* case. The thirst is not a prominent symptom, and there is a dull, sluggish mental condition that always calls for *Gelsemium*. In *Aconite* there is restlessness and an inability to bear one's ailment. In *Gelsemium* the patient hurts just as badly, perhaps, but says less about it. In *Eupatorium* the aching is intense, and this is

complained of more than the fever. In *Gelsemium* the fever is more the cause of complaint.

Rhus has its cases, but they are more on the rheumatic order. The patient has been caught in a rain, or has sat in a damp place or has been exposed to draughts of damp air, and he aches and hurts all over. His legs are stiff, his joints are sore, his muscles hurt as if they had been beaten. He is restless and yet he aches. Thirst is present, but not in marked degree. *Eupatorium* hurts more in the bones, *Rhus* more in the ligaments and joints. The small joints ache and the scalp is sore to the touch, so that the pillow feels too hard. *Rhus* tends toward typhoid; *Gelsemium* toward remittent; *Eupatorium* toward intermittent. Not that we would be guilty of recommending the prescribing of these remedies for the name of either of the diseases mentioned, or for them because they are of that type; but this suggestion is made as a matter of drug history as applied to disease history.

We have not found thus far that *Arsenicum, Baptisia, Bryonia* or *Aconitum* are very often called for in the few cases of autumnal fever we have met with. In one markedly typhoidal case *Arsenicum* cleared it up nicely, but it was really a typhoid fever, more severe than the ambulatory type and yet not so severe as the cerebral or enteric type, as usually seen.

What are the readers of the Medical Century finding to be the remedies for the diseases under consideration this fall? A comparison of notes may be generally helpful. Especially would we be glad to be able to publish the views of representative men from different parts of the country on the diseases of their respective sections. "Don't be backward in coming forward" with your experiences in the management of the various disorders belonging to the autumnal season, but tell us, briefly, what you know about their treatment.

Editor's Table.

Dr. Alice M. Goss has located at 632 Sutter street, SanFrancisco.

Dr. W. E. Fruitt has located at 823 West 47th street, Chicago.

Dr. Sidney F. Wilcox, New York, is home again from his summer vacation.

Dr. Mary H. Landreth, Chicago, has moved to No. 3307 Cottage Grove Avenue.

Dr. Herbert Stratten, Hering, '94, has returned from a summer review trip to Europe.

Dr. D. H. Beckwith, Cleveland, has returned from his summer outing and rest and is again engaged in dispensing healing to his thousands of patrons.

Dr. H. V. Hallman, Hot Springs, has devised a new urethretome which has many points of superiority. He will give a cut and description of it in the Medical Century at an early day.

Dr. J. W. Parker, Warsaw, Ill., reports that Buena Ventura, Ventura county, California, with a population of two thousand, and good surrounding country, is a good opening for an enterprising Homeopath. Mr. Robert Ayers, a wealthy resident, will answer letters of inquiry.

Don't forget the next meeting, the Typhoid Fever meeting, of the Homeopathic Medical Society of Chicago, to be held at the Grand Pacific Hotel on the evening of Wednesday, October 3. Papers on this subject will be presented by Drs. R. N. Foster, J. E. Gillman, and Dr. A. E. Harris of Englewood.

Our Dr. T. M. Stewart, Cincinnati, has a report of a case of a foreign body in the eye for six years in the *New York Medical Record* of September 22. What is the matter with the Medical Century, Dr. Stewart, if you want to reach the medical profession? It is the Medical Record of Homeopathy.

Dr. G. F. Washburne succeeds to the general family practice of the editor of this journal and Dr. Henry Sherry, at 4018 Drexel Boulevard. Dr. Sherry has removed South for his health and Dr. Fisher retires from general practice to give his time to his literary work and specialty, as announced elsewhere.

The home of Dr. and Mrs. D. A. MacLachlan has been enlivened and made happy by the arrival of a sweet little girl baby, which put in an appearance the early part of last month. Congratulations are extended. It is said that the doctor has stood the ordeal quite bravely and shows favorable prospects of recovery from the shock.

The Homeopathic Post Graduate Medical College of Chicago has rented temporary quarters at the southeast corner of Clark and Polk streets, and it is expected that the various clinics will be inaugurated October 1st. The announcement will be out within a few days and the promoters of the venture hope to be ready for active post graduate work very soon.

The Homeopathic Medical Department of the University of Iowa resumed work on the 19th of September, the opening lecture being delivered by Prof. J. G. Gilchrist. There were eleven more students present and enrolled this year than on the same occasion last year. No Ann Arborism marks the course of the Iowa school. Here is a nut for the Michigan Regents to crack.

Dr. George F. Shears has resigned the superintendency of Hahnemann Hospital, Chicago, Mr. John C. Burt, Ph. C., formerly of the Illinois State Hospital, succeeds Dr. Shears in this responsible position. Dr. Shears has served continuously in the capacity of superintendent to Hahnemann Hospital for eleven years, during which time the institution has prospered exceedingly.

Cards are out announcing the approaching marriage of Dr. Wm. Gleason Willard and Miss Edna Carpenter, both of Chicago. The pleasant ceremony will take place at the Union Park Congregational church, corner of Ashland and Washington Boulevards, on the evening of the second of October, at 8 o'clock. Dr. and Mrs. Willard will be at home, 544 Washington Boulevard, after December 1, on Tuesdays. The heartiest congratulations of the Medical Century and Dr. Willard's numerous friends are cordially extended him.

The Drs. Parker of Warsaw, Ill., consisting of Drs. R. M., Downa M., and J. W. Parker and Dr. S. E. Bennett, have taken another associate in the person of Dr. F. W. Pease. Besides this firm of five physicians there are two other Homeopaths in the little city of Warsaw, which consists of about three thousand inhabitants, and two Allopathic physicians, one of whom pretends to practice both ways.

The special course of the Post Graduate Medical School of Chicago, to be continued through the month of October, offers many practical inducements to the student in surgery which doubtless will be liberally availed of. It includes a course in Intestinal, Abdominal, Brain, Clinical, General and Gynecological Surgery. The staff embraces some of the ablest men in the city and it will be difficult for any student to attend this course without deriving benefit therefrom.

A year ago the *Texas Medical Journal* whistled as it went by the grave yard, trying to make itself believe the State Homeopathic Medical Association was really dead. Now it comes out in a leading editorial announcing the complete failure of the old school state society to be what it should be, and raises the question whether or no it shall be abolished. Another case of Oliver Wendel Holmes and his requiem. Will these old school fogies "never learn any sense, anyway?"

Gov. Crounse, of Nebraska, appointed Dr. O. S. Wood, of Omaha, the Homeopathic secretary of the Nebraska State Board of Health on the 14th ult. Dr. Wood is the oldest Homeopathic physician and practitioner in the state, the only charter member left of the Nebraska State Society, and his appointment to this trust is an honor most fitly deserved. We congratulate the Governor on his most excellent selection, and also exteud our congratulations to Dr. Wood and the Homeopathic profession of his state.

Hering Medical College has been cheated out of her splendid new location by legal objections upon the part of neighboring property owners to the founding of a medical college and hospital in their neighborhood, and goes back to the very suitable property on University Place and Thirty-fourth street occupied by her during her first year. While in many respects a very great disappointment, in others the final location is an exceedingly desirable one, and Hering's students will be none the loser by the change.

Dr. Julia Holmes Smith, Chicago, is the regular democratic nominee for member of the board of trustees of the Illinois University and will come as near being elected as any one on the democratic ticket this fall. If the times were ripe for further control by the democracy she would doubtless be elected by a handsome majority. But the republicans will win this year, and we are afraid our most excellent friend, perhaps the best known Homeopathic woman doctor in the city or country, will have to run ahead of her ticket to be successful. We shall vote for her nevertheless, her politics to the contrary notwithstanding.

The Iron Mountain and Southern railroad has issued a very attractive circular announcement relating to the meeeting of the Mississippi Valley Medical Association, to be held at Hot springs, November 20, 21, 22, and 23, 1894. Hot Springs is an ideal meeting place for medical associations, the month of November is especially attractive in that latitude and the railroad rates will be very low; so there should be a good attendance upon this meeting, Allopathic though it be. The Iron Mountain never does things of this kind by halves, and its printing is up to its usual character.

Dr. Eldridge C. Price, president of the Southern Homeopathic Medical Society, has issued a circular letter announcing the selection of November 14 and 15 as the dates for holding the next meeting of the Southern Association at Chattanooga. The Southern Hotel has been chosen as headquarters for the meeting. The meeting of this society for 1893 was held in connection with the World's Congress and was purely a business session. There has been no regular meeting of the Association since the one at Hot Springs in October, '92. The Chattanooga meeting should be very largely attended, therefore, and it is easily predicted that it will be the most successful in the meetings of the society. Our Southern friends most cordially invite the attendance of as many of their Northern colleagues as can make it convenient to be present, and it is to be hoped that the missionizing spirit will prevail throughout the whole country so that there may be an unusually large gathering at Chattanooga in November.

Just listen at that Dr. Linn, of Asheville: "By the way, those pictures published in the Medical Century look most elegant in an office when framed in white frames, with cream or white mats for a background. Try it! [We have.—Ed.] Among them I have a picture which they say is yours, framed in like manner, and it is very neat and attractive. A lady happened in a few days ago and she said, gazing upon your classic features: 'Why, what a good likeness of Sol Smith Russell!' 'Oh, dear, no,' said I. 'That is not Mr. Russell.' 'Well,' she said, 'it must be Mr. James Whitcomb Riley, then.' 'Wrong again,' says I. 'That, Madame, is the likeness of a man who formerly lived in Texas. No one knows just how much damage he did there. He left Texas for Italy, conquered Rome with an umbrella, which he borrowed for the occasion, and now is quietly pursuing his vocation of dealing out Summer Complaint by the journalful on the banks of the lake in the 'City of the Unsalted Seas,' completely reconciled to his fate. 'Oh!' said she, 'is that him.' And she was gone."

An informal meeting of a number of the Homeopathic physicians throughout the state and city was called by Dr. J. A. Vincent, chairman of the legislative committee of the Illinois State Homeopathic Medical Society, to convene at the Grand Pacific Hotel on Thursday, the 20th ult, to discuss matters of interest to the profession in connection with the approaching meeting of the legislature. There was an unusually good attendance of the more active physicians of the city and the consensus of opinion was to the effect that the time had come for Homeopathy in Illinois to cease to act on the defensive and to pursue a more progressive campaign for her rights in connection with the public institutions of the state. The probable outcome of this meeting will be an effort on the part of the profession to secure an insane asylum to Homeopathy, something that is very much needed and to which we are justly entitled but something we will never have given us until we ask for it and continue to ask and insist upon our rights until

they are recognized. It is not unlikely that the movement set on foot on the 20th ult. will result in something substantial before the winter is over.

At a regular meeting of the board of regents of Michigan University held at Ann Arbor, September 18th, the discussion of the memorial of the American Institute of Homeopathy requesting the resignation of Dean Obetz, of the Homeopathic College, was postponed one month. It is presumed by Dr. Obetz' friends that this action was for the purpose of ascertaining about how many students will attend the Homeopathic department this winter. Should the class be a large one Dr. Obetz' scalp is saved; should it dwindle down to the meagreness of last winter's class or less it is not unlikely that the board of regents will be brought to realize that the Homeopathic profession of the country are in earnest and will not sustain the institution as at present manned, and, like the reasonable men they should be, and doubtless are, they will reorganize the faculty in accord with the wishes of the profession from whom the support of the school must come. The inevitable in this case will surely obtain sooner or later. The Ann Arbor school will become a laughing stock or Dean Obetz must get down and out and give the true friends of the institution in the profession a chance to again bring it to the front as one of our leading medical colleges. We shall continue to hope for eventual wise action upon the part of the board of regents of Michigan's great university.

It is especially pleasant to be complimented by brother editors upon one's editorial work, and we may be pardoned, therefore, for making note of a recent letter from Dr. H. C. Aldrich. editor of the *Minneapolis Homeopathic Magazine*, in which he writes as follows:

"The Medical Century for September 15 is at hand and I cannot resist the desire to both thank you and congratulate you; thanking you for the many good articles you have given your readers on the subject of the bowel disorders of children, also for the promise of the future; congratulating you on your success in drawing out of the representative men the articles that you have, and also for the position you have taken toward the women in the profession and towards Pratt's ideas in orificial surgery." In other words, Dr. Aldrich desires to compliment and congratulate the Century upon faithfully trying to give to its readers their money's worth and to Homeopathy a journal of really practical value, in all of which he shows much good sense and an appreciation of labor not often expressed by a brother editor. Only the editorial corps can understand how much of time and labor and energy is necessarily expended in producing these special editions. Our thanks are cordially tendered, brother editor of the *Magazine*, for your rare and highly appreciated compliments and congratulations.

The *Homeopathic Physician*, an excellent journal from the standpoint of the strict Hahnemannian Homeopath, so-called, is crying in real earnest for the payment of subscriptions past due. In its September issue that journal very correctly announces that it is not pleasant to have to make this subject one of editorial mention, but it as properly sets forth that it is not right for subscribers to allow their subscriptions to run indefinitely without meeting their just obligations. No one not in the business can appreciate the amount of cash it requires to meet the obligations of a medical journal, and, again, no one not in the business can comprehend how very careless most doctors are in this very important matter. As former editor and publisher of the *Southern Journal of Homeopathy* we have on our books several hundred dollars due for that periodical, money which would be very handy about the house at this time. And as editor and publisher of this journal we have, also, several hundred dollars outstanding for the subscription of the first year of its existence, most of which will continue to outstand, simply because those owing it are not honest enough to meet their just debts. We have no doubt that the *Homeopathic Physician* utters a just plea in calling for payment of subscriptions, but at the same time this plea is an indictment against the business methods, or honesty, or both, of the profession. Why cannot doctors do as other people do, pay for their periodic literature in advance. They will have it to do for all time with this journal, and if the other journals of our school would but adopt the same policy we would soon educate the profession up to the point of paying this debt, at any rate. Cut them off, Mr. *Physician*, if they don't pay. There is no sense in encouraging dead beatism, and that is what this carelessness comes to in the end, as we have learned to our sorrow.

The opening exercises of the Chicago Homeopathic Medical College took place on the evening of Tuesday, Sept. 18, and were attended by a very large and fashionable audience including hundreds of friends of the college, about two hundred students of the nearly two hundred and fifty to form the class, and a great many professional friends from Chicago and vicinity. The exercises were highly interesting in character. The introductory address was delivered by Prof. C. T. Hood, who took for his subject "The Acquirement of Knowledge." Prof. Hood handled this topic in the most admirable manner, delivering an address at once entertaining and practical, and the cordiality of reception it met with at the hands of the large audience, showed that it was thoroughly entertaining. President Mitchell gave a resume of the history and work of the college up to the present, the nineteenth session, and announced that the indications point very strongly to a class of at least two hundred and fifty students, the largest by twenty-five per cent that the college has ever had. Impromptu addresses were made by Dr. Fisher, Profs. Pratt, Cowperthwaite, Grosvenor and Beebe, and Rev. Dr. Phillips, and very delightful music was rendered by the Lexington Glee Club, all of whose selections were given in an admirable manner and heartily encored. During his remarks, Dr. Mitchell referred to the early completion of their new laboratory and hospital building immediately adjoining the college, and pointed with no little pride to the fact that the institution of which he has the honor to be president, was now as thoroughly equipped as any college in the Homeopathic ranks, and stands today as the acknowledged leader of Homeopathic teaching institutions in the great West. The Medical Century tenders its most hearty congratulations to the "Chicago Homeopathic" upon its wonderful prosperity. It does not see how it could well be otherwise with such an able, broad-minded, equally balanced and united faculty at the helm.